P Med A American Lancet Index

New Series. } VOL. 1. } OCTOBER, 1877. No. 10.

Biological & Medical Serials

THE

DETROIT MEDICAL JOURNAL

STORAGE

PUBLISHED MONTHLY UNDER THE AUSPICES OF

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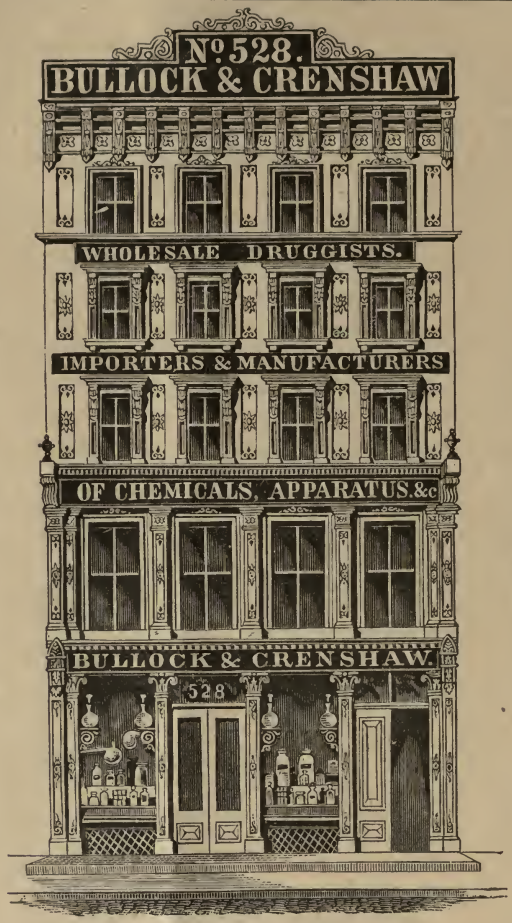

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NEW SERIES. VOL. I. | OCTOBER, 1877. | No. 10.

Original Communications.

A Contribution to the Study of Medicine.

BY FRANKLIN CHASE CLARK, M.D., PROVIDENCE, R. I.

If the records of exact science be remarkably clear, the origin of the natural sciences is no less obscure. Indeed the very beginnings of natural science are shrouded in mystery. Dogma upon dogma was advanced to interpret new facts, and rules were filled to repletion with exceptions. The pretended powers of an Æsculapius or the jugglery of a Trismagistos furnish no sound basis to any science, much less give laws, but rather serve as cloaks to superstition, ignorance, religious zeal or crime. Yet after the division of a simple god-head into legions of less powerful divinities, it was but natural to give the medical orb a patron saint, or tutelary divinity; and so we have the worship of Æsculapius, the god of the healing art. From this it follows that many of the simplest phenomena of nature were regarded as the manifestations, good or bad, of some supernatural power, to avert which was to propitiate the god. Such ignorance and

superstition the ancient leech was not long in employing to his own advantage.

Let it, therefore, not be asked, in what happy land nor under the auspices of what god the healing art arose, for it must have surely arisen from the necessities of mankind ; but let us rather pass over in silence its ultimate causes, free it, so far as we can, from superstition and error, and present it in its true light, in the garb of truth and simplicity—the balm of suffering humanity.

To comprehend clearly, however, the true place of the medical art among modern sciences, it will first be necessary to consider the causes which have chiefly retarded its progress, both in ancient and in more modern times—the difficulties it met at every step. At the same time we shall understand the revolution which overthrew and reconstructed society and changed the whole mode of thought.

To begin with, we must regard medicine as a science wholly experimental. Experience and observation, tradition and the various changes of dogmatism fully show this. For, although the laws upon which medical science is founded are as fixed and indisputable as the laws of metaphysics, yet until all these laws are perfectly understood under every varying circumstance and condition, in every organized being in like circumstances and conditions—not till we understand each individual case of disease under the law, can even experiment and observation sanction an approach to dogmatism.

Ancient medicine was retarded because of the prevailing philosophies which, as many times as they were changed, required a new dogma for the interpretation of the medical philosophy. Philosophy without dogma was an unsolved riddle to the ancients. Philosophy and dogmatism were synonymous terms. Hence in these ancient philosophical doctrines we find causes affecting the vital interests of medicine for centuries—philosophies so engrafted upon the human mind that nothing save a great revolution could effect a change.

For convenience sake we will divide the philosophies which shaped the course of medicine into two kinds, the secular and

the religious. The former had for its object the investigation of truth, and prevailed before the Christian era. The latter incorporated the pagan philosophy with its own, for the furtherance of its peculiar religious tenets. The seeds of truth seemed hidden beneath ambition for spiritual power.

The pagan philosophy which will first engage our attention is the Pythagorean. Pythagoras flourished about five centuries before the present era. His doctrine was based upon the idea of the homogeneity of all matter, and interpreted by means of figures arranged in a peculiar manner. Thus he regarded God as represented by the figure 1, matter by 2. So he expressed the universe by 12, because this results from a juxtaposition of 1 and 2. But as the number 12 results from a multiplication of 3 and 4, this philosopher conceived that the universe was made up of three distinct worlds bound closely together and divided into four concentric spheres.* Numbers grouped by threes, or ternaries, were also observed by Pythagoras. Thus everything that had a proper existence was considered to proproceed from the union of three modalities or mere forms. Hence the universe, or *macrocosm*, included three other little worlds.† Man, the *microcosm*, was composed of three, a body, soul and spirit, manifested by three distinct faculties, namely, *sensibility*, *thought* and *intelligence*. This was called a ternary, and each ternary helped to make up the quaternary, or sacred tetrad.

The tetrad, or quaternary, was formed by the figure 1, which represented the essence, or active principle, of all things; 2, matter, or the passive principle; 3, the totality of the faculties; and 4, the plenitude of its essence. The being to which this system was ordinarily applied, was man

I have dwelt thus largely upon the elements of the Pythagorean philosophy because they had such an influence upon the doctrines of ancient medicine. This philosophy spread rapidly over many countries; and the triads and tetrads were incorpo-

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* Renouard's Hist. Med. (Comegys' translation), page 84.

† See above, and page 85.

rated into the medical philosophy of Hippocrates. But neither observation nor experience had a place in the Pythagorean doctrine, and from it may be deduced much, if not all, of that which is occult in medicine at the present day.

Before the time of Hippocrates physicians were divided into two classes, namely, the Pythagorean and the Asclipiadans. The first are little known, and were often called periodic. They were the first to visit their patients at their houses, and may be said to have instituted this custom, which prevails at the present time.

The Asclipiadæ (from Asclipios, or Æsculapios) were priestly physicians, who made their temples the resort of the sick. In fine, these temples of the priests constituted the first hospitals. Whenever a patient recovered, it was customary for him, upon his departure from the temple, to write upon tablets kept there for this purpose, his malady and the remedy to which he attributed his cure. Thus it was that a vast number of confused and scattered facts were obtained, by means of which patients coming later to be treated were more or less benefited.

It now only needed some master hand to collect these rude and numerous data and form useful classifications. This was left for Hippocrates, and his labors are more or less valuable, according to the philosophy he accepted.

Apart from the Pythagorean philosophy, Hippocrates taught the doctrine of the four elements (earth, air, fire and water), the antagonism between which caused disease. This constituted the famous Hippocratic dogmatism. But to Hippocrates we chiefly give honor for making nature our guide, and advocating a dependence upon observation and experience, so necessary for success in treating disease. He did not, however, permit dogma to interfere with his study of nature. To this same author we are indebted for the separation of medicine from theology and philosophy proper. Hitherto philosophy embraced all existing knowledges. From the time of Hippocrates, then, medicine dates as a distinct branch of study.

Aristotle enlarged upon the views of Hippocrates, and taught in addition that we gain our knowedge only through the

senses; that is, by observation. Plato, on the other hand, gave reason the preference. But the two agreed in this, namely, that our thoughts are "mother ideas," that is, collections of facts, from which we are to separate individual facts. Thus, when we conceive of the horse, for example, we do not conceive of the species nor of a single individual, but of the genus. We gain an idea of the species by deduction, or separation of members.

Dogma after dogma now sprang into existence. The new philosophies served rather to amaze than enlighten man. In this period we may not without reason place Galen, the prince of dogmatists.

In reviewing this period we may regard Plato and Pythagoras as representing the pure dogmatic school; Hippocrates and Aristotle the natural method, though both failed to establish pure inductive reasoning.

While the elements of Platonism and Aristotelianism were thus at variance, the Christian church entered the lists and took part in the struggle under the name of Scholasticism, and shortly gained the day; for her weapons were sharp, and she not unconscious of the fact.

The Church adopted the realistic school, and being in the ascendant, made all philosophy conform to her theology. It is very hard to determine in what scholasticism consisted. It was certainly not pure Aristotelianism, for that, to some extent, depended upon observation and experience. In his History of Medicine Sprengel cites three elements of scholasticism which more or less shaped medical philosophy, namely, the Platonic or neo Platonists, the Aristotelian, and the Stoic doctrine. All these reacted upon medicine. The Church, however, siding with the realists, thus continued in the ascendant from the beginning of the eleventh century to the fifteenth and part of the sixteenth, and constituted one of the darkest and saddest chapters in the history of human civilization.

The nominalists were always opposed by the theologians of that period, and produced greater influence in Germany than in France. Now what is very curious is that the great opponent

of scholasticism was afterward born in France where the system was always less dominant, and there even he gave it its death blow.

Again, since these doctrines were sanctioned by the Church, they demanded of men implicit obedience, even a blind faith. For to enter upon any new field of observation, to study truths for one's self, to doubt authority, was equivalent to the invention of a new philosophy, and to devise a new doctrine was death to the old. And this, it was proved, would be destruction to the hierarchy. Hence every by-way and avenue of thought was strictly guarded, and superstition and force used to control the mind and further the interests of religious dogmas. And this control of temporal affairs by the dominant church lasted for over a thousand years; and each dogma and even every letter, was written and steeped in human blood. To show this power of authority and tradition in the ruling party more fully, history cites the case of a physician who lost his life because he ventured beyond the pale of prescribed method of cure, and this even after the recovery of his patient. This may seem an extreme case, but it is none the less well authenticated. Scholasticism rendered all other modes of thought heresy; and heresy was a capital offense, punishable by death.

Thus far we have seen the great laws of nature enforced by the teaching of Hippocrates, forgotten or set aside. Theories and systems now became the chief means of studying and treating disease, no matter how quaintly, absurdly or untruly they interpreted the malady. It was a period of novelties; a transition age, as M. Renouard not improperly calls it. Charlatans outnumbered the regular physicians.

But the world did not remain long in this lethargy, even if sanctioned by the Church, and that again by authority and tradition. The mind of man at last awoke; the long-hoped-for reformation was at hand.

The Renaissance, or the revival of learning; the failure of zeal in seeking the Holy Land at the instance of some zealous prelate; the great reformation in the Church itself in almost every Christian country; the rise of the natural sciences, espe-

cially chemistry and physics, all conspired in bringing about the immense results of the reaction which affected the human mind.

Bacon, in England, once more revived the study of inductive philosophy based upon observation and experience; Descartes, in France, gave scholasticism its death blow; Kant made his name famous throughout all Germany and the world by his principles of philosophy, which viewed all knowledge as gained only through phenomena—by the senses, and thus the absolute as beyond our ken; while Herbert Spencer, of our own day, considers comparison as the only means by which we may know anything, and that knowledge even then is but relative.

Newton but followed the inductive method of philosophy when he made the discoveries which made him known to the world as the father of physics; and by the same method Lavoisier constituted chemistry a living science.

After the wave and agitation consequent upon the great revolution in society had somewhat abated, the progress of the natural sciences became as markedly rapid as hitherto slow. Medicine, too, received new life, for it depends upon the growth of the natural sciences for its own strength. At this period medicine began to number again its masters in the science; and to-day the prospect for the healing art is most bright.

The causes which retarded the advance of medicine in ancient times may be regarded as the same which made the science so little cultivated among the oriental nations, who are to-day so impracticable and immobile. To be sure no period in the history of medicine was brighter nor more enviable than when the science was under the domination of the immediate successors of Mahomet. But the medical schools of Arabia lost at last their lustre, and sunk into obscurity under the government of the Turk. The same spirit of intolerance in religion, as in thought, was sadly but too truly exemplified even here. The Moor, on the other hand, was by far more advanced and tolerant than the Catholic, but even his fate was sealed, and with it the progress of medicine among the followers of Mahomet in Europe. In this latter case we note an exception;

for had Ferdinand and Isabella, and their ferocious son, Philip, but stayed the arm of persecution, Spain would have been all she was once pictured, and Granada the great centre of the medical orb.

Not to delay longer upon this sad chapter not only in the history of medicine but in the history of society, we will consider what ancient medicine bequeathed modern physic, and thus be able to appreciate its value.

Ancient medicine left

1. Strict analogy founded upon premise and syllogism of too arbitrary a nature to withstand much examination.

2. Dogma to strengthen a complete analogy.

3. Authority and their tradition to maintain dogma.

4. Theories and systems upon which to found the causes of and the cure of disease.

But modern medicine made the following changes:

1. Instead of dogma it adopted empiricism, or experimental philosophy; the inductive method rather than the deductive.

2. Analogy so far as it does not conflict with observation and experience.

3. Tradition and authority so far as they do not oppose original investigation, and can stand the test of proof.

4. Medicaments are given to assist, not force, nature.

It is everywhere held that a science, to be exact, must be susceptible to every manner of proof; and a law, instead of admitting, must exclude all exceptions. A perfect law has no exceptions; the moment an exception presents itself the law ceases to be a law. When medicine allows this test the physician may become dogmatic. But the history of medicine shows but too well the result of such accompaniment.

Analogy was a dogma that explained phenomena not understood. To be sure, analogy is one of the certitudes in medicine, to a certain extent. Identity, not similarity, of symptoms can only be followed with exactness. For diseases may often appear similar, though not identical, when we do not understand all the conditions and circumstances at play. Certain circumstances, then, must be admitted, both subjective and ob-

jective, which more or less influence the effect of medicaments; and it is only by individual experience that we can arrive at pure analogy, which is, perhaps, impossible. But when we use analogy we must take into consideration all these. Whether there ever were two cases of disease identical remains still to be shown.

Among the subjective symptoms let us note idiosyncrasies, or the greater susceptibility to different medicaments; and these, again, modified by age, sex, condition, and the (so-called) temperament. Some are unable to take certain drugs in suitable quantity to affect the disease without harm to themselves, as opium, for instance. Others have been known not to be injured by even poisons (not caustic). Old age and youth and the female sex require less medicine than a full grown man; and there are other exceptions equally curious and interesting.

The objective conditions include such as hygienic influences, climate, temperature, wet or dry, removal from exciting causes of disease, and removal from whatever may excite the patient and render him alarmed or depressed in mind.

Authority and tradition are too often appealed to, even today, when a new remedy is to be tried or some new method of cure proposed. Professional jealousy should have no place in medicine, and call upon authority and tradition should be made but to sustain what may be of some use. I have no reference to systems in medicine which can easily be shown to be false and retrogressive in their nature; but to such modes of cure as acupressure, the use of ether or chloroform in surgical operations. These met with great opposition at first, and they all, though not adapted for every case, may be useful in enough to warrant their acceptance by the profession. Any remedy, then, which can do no harm (or rather, when the harm is but small in comparison to the good done) should be gratefully received when we find it does good, be it even so little.

Concerning the fourth topic under discussion we shall speak elsewhere.

Experience teaches, and experience only, that certain effects are produced by certain quantities of certain medicines up-

on the economy. This is also observed in various quantities of the same drug. After this general division we subdivide remedies again according to parts affected; 29 drugs relieving pain we term anodynes; to provoke vomiting, emetics or vomitives. The smallest number into which drugs are divided are termed *specifics*, that is, medicines which only cure, or tend only to cure, certain diseases; in other words, certain diseases seem to be amenable to treatment by certain drugs only.

Diseases are likewise classified according to causes or regions. And in the same way we deduce one class of specific diseases which seem more numerous than their remedies.

And in the treatment of disease at the present day we practically follow three courses, namely: 1. Diagnosticate the disease. 2. Avert all exciting causes, and follow strictly all that which may be for the well-being of the patient. 3. If *necessary*, administer drugs.

And now we come to the different modes of administering medicaments.

The *perturbative* method, as it is called, occupies the first though lowest round in the treatment of disease; and whether it deserves a place in medicine is a question. The old time-honored physician only speaks of *developing* a disease by means of physic—of making the symptoms disclose themselves so that he can diagnose the malady. It is as difficult to prove the virtues of perturbation as the actual curability of disease by drugs in the vast majority of cases. So that with Renouard, we will consider this mode of treatment as one of the follies and arrogancies of past ages.

In the *expectant*, or second method, nature is little, if at all, interfered with. It is through this method that the physician chiefly gets the reputation of success, people forgetting the necessity of watching symptoms and the prescribing of proper regimen and diet.

That numbers of sick recover without treatment is a fact not to be denied, and whether Sangrado potions of physic or the two thousandth attenuations are given, the patient frequently makes a good recovery. Again drugs may do more harm than

good in certain cases, wherefore, in the majority of cases the expectant mode of treatment is all that is required. Even in cases where ignorance of the worst kind is allowed to tamper with the disease, the patient recovers, and the ignoramus gets as much credit as the skilled physician. Now, therefore, when we have the inutility of medicines in such cases manifested before our eyes, it savors too much of the charlatan and miracle worker to prescribe unnecessarily. We see too much of this vile practice around us to let us even approach it. And where strict regimen and proper diet, with an occasional administration of an anodyne and the like are only called for, surely should we ever desire to drench the patient's system with overdosing?

In the third, or *analytic* mode, we separate the disease into its different elements, and one or more symptoms are particularly treated. In inflammatory diseases, for instance, we diminish the pressure of the blood, whether in brain, lungs or elsewhere; that is relieve the congestion. In all the after treatment we follow the expectant method.

The analytic method is only indicated when no specific remedy for the affection is known. But Renouard has an idea that this method leads too often to arbitrariness on the part of the physician, since each element into which the disease is divided will be interpreted according to some system of philosophy favored by the physician. Besides, other intricacies present themselves which often make the analytic method very difficult to follow.

The last, or *synthetic* method, has been termed the noblest, and *the* mode for which the physician should reserve all his skill. Here the symptoms of the disease are taken as a whole and attacked "en masse."

Yet our specific diseases are so many and our specific remedies are so few and feeble, that the physician but too often finds his skill baffled and his confidence in medicaments shaken. Mercury and quinia especially, have been termed specifics. But whether mercury really deserves its name of specific is still a mooted question. True, it exerts a wonderful influence in certain diseases, but its permanent curability is not fully recog-

nized. Vaccination is a prevention rather than a specific. Potassium iodide is, singularly enough, called an alterative, together wito arsenic and mercury, but *how* it becomes an alterative is but conjectural. However, as the medicaments become further studied the physician may hope to advance more in the understanding of this method and give more hope to diseased posterity.

Upon comparing century-worn pharmacopœias with the works of modern times on kindred subjects, one is immediately struck with the fact that nauseous remedies, whether of an animal or vegetable origin, give place to ones less obnoxious and less numerous. Therefore the modern medical student has not before him such an array of substances as his forefathers. Chemistry, by its opportune rise, gives us far more elegant preparations for administration, and philosophy a better mode to apply them. Physicians prophesy a still further diminution in the number of medicaments, as may be proved by comparing the prescriptions of the last century with the remedies of to day.

In an old medical work, published in London as long ago as 1711, and used as a *vade mecum* by students and practitioners generally, is the following prescription for the cure of stone. I give in its original spelling and crudeness:

"Take Blood of a Goat, four or five Pound; the urine of a healthy young Lad and of a Goat, of each five or six Pints; Wood-Lice, bruised, three pints; Seeds of Parsley, Commin, Juniper Berries and black Radish Roots, of each four ounces; Winter Cherries, number sixty or seventy; Herb arsemart, Parsley, Leaves of Birch, Rue and Burdock, of each two Handfulls; Juice of Birch, Arsemart, Fenil and Wild Tansey, of each one Pint; digest these together in a warm Place for four or five days. Then distil and draw off a Gallon or five Quarts, which keep close stopped for use. Of this Liquor give two ounces with the like Quantity of good White Wine, every Morning, Noon and Night."

This remarkable prescription without doubt, produced some, if not the desired, effect. That better times were coming in this country, as well as abroad, may be seen by the MATERIA MEDI-

CA, published by Murray in Philadelphia, in 1808, a hundred years later, and nearly three-quarters of a century ago. *Crab's jaws* and *claws*, *stag's horns* and *potato flies*, now dismissed, were the most objectional medicaments that flourished at that period.

In the Pharmacopœia of the Massachusetts Medical Society, published in Boston in 1808, we have one hundred and thirty-nine (139) articles mentioned, namely:

Of mineral origin, 34.

Of vegetable origin, 93.

Of animal origin, 12, or about 5 per cent.

In Thacher's Dispensatory, 2d edition, published in 1813, the articles of animal origin are about 16, or 5.9 per cent.

In the first Pharmacopœia of the United States, published at Boston in 1820, and founded upon the Pharmacopœia of the Massachusetts Medical Society and of the New York Hospital, we notice two hundred and eighty-eight (288) articles. Of these there were, namely:

Of mineral origin, 42.

Of vegetable origin, 234.

Of animal origin, 12, or 7.2 per cent.

The second Pharmacopœia does not differ in any respect from the last mentioned, although published in 1828.

The third, or second revised edition of the U. S. Pharmacopœia, I was unable to obtain for 1840. But on analyzing 1,000 consecutive prescriptions, written in the years 1845 and 1846, I find very few drugs in actual use; perhaps no more than we use at the present day, excepting, of course, the new remedies. Of the articles mentioned tonics and anodynes occupied the first rank, as usual. Oxide of bismuth was used where we employ the subnitrate; antimony occurs in some form thirty-seven (37) times, or 3.7 per cent. Castor is mentioned but once; cochineal twice; cantharides twice for external application and twice for internal use. Hence animals furnished, according to this account, but a small proportion of the medicaments then in use.

The U. S. Pharmacopœia for 1850 contains three hundred and fifty (350) articles. Of these there are, namely:

Of mineral origin, 48.

Of vegetable origin, 281.

Of animal origin, 21, or about 6 per cent.

The 1860 revised edition comprises three hundred and eighty (380) articles:

Of mineral origin, 60.

Of vegetable origin, 300.

Of animal origin, 20, or about 5.5 per cent.

The 1870 revised edition of the Pharmacopœia includes four hundred and two (402) articles:

Of mineral origin, 76.

Of vegetable origin, 307.

Of animal origin, 19, or about 4.73 per cent.

In the foregoing analysis we observe a gradual increase of mineral medicaments, a rapid increase of vegetable remedies, and a slight increase of those of an animal origin. This latter is due to the recent discovery of glycerine, of which a large proportion of prescriptions are made up; and also of cod liver oil. For this last remedy, though less obnoxious than many others of ancient times, we even now often advantageously substitute cream, oils and fats.

That castor, musk, cantharides, (at least as an internal remedy) cochineal and oyster shells need no longer disgrace our pharmacopœias may be seen from a careful analysis of five hundred (500) consecutive prescriptions dispensed by one of our most prominent apothecaries during the winter of 1873 and 1874. Among the remedies in these prescriptions, castor, musk, and oyster shells receive no mention whatever. Cantharides is noticed as an epispastic. Indeed, but four animals are represented, namely, Spanish flies, cod liver oil, glycerine and adeps, the last of which no one proposes to dispense with.

Of the four hundred and two (402) articles of the Pharmacopœia of 1870, only 134 are mentioned in these 500 prescriptions, and these more than once. Of these there are, namely:

Of animal origin, 46.

Of vegetable origin, 84.

Of animal origin, 4, or 3 per cent. in actual use.

Iron stands 119 times; opium in some form, 105; cinchona and quinia, 68; nux vomica, including strychnia and iodide of potassium, each 42; bromide of potassium, 38; subnitrate of bismuth, 34; pure alcohol and hydrate of chloral, 9 each; antimony, 9 times, or but 1 per cent.; cod liver oil and phosphorous but once each. The waters (including *aqua pura*, flavoring extracts and essences, syrups, etc.), occur more than anything else, 204 times, or 42 per cent. This shows that nearly half of what was prescribed was simply water and flavoring syrups. Hence the number of remedies in actual use is very small, much smaller than it would appear at first sight. Opium, quinia, and iron still remain, and will, for a long time to come, be the sheet anchor of the physician.

Now after considering what remedies are actually employed, and what could easily be dispensed with, let us consider our last topic, namely, how far we are to assist nature by the employment of remedies. The essentials in the treatment of disease are three, namely:

1. Prevention of disease. Vaccination, as numerous statistics show, has rendered small-pox not only less virulent, but also less liable to occur in the individual so treated; and possibly it may be the means of exterminating the disease altogether.

Prevention of disease depends, however, to a great extent, upon a knowledge of the causes of disease, and also of hygiene. When a great epidemic once appears no swift remedy has been found to be of any avail, except, perhaps, in the very first stages of the disease. But if a city be but prepared for the visitation by a strict observance of laws of hygiene established by a medical police or sanitary board, either the epidemic loses its force as it advances, not having centres of growth enough from which to spread, or it passes by that part of the country altogether. As the morality of cities now stands this can be but approximated. But if even this slight approximation is so conclusive, what might we not expect from a full compliance with sanitary laws? And these are nature's laws. It is only by a disobedience of these laws that so much misery has been entailed upon poor suffering humanity. The general filth and squalor of the Moham-

medan worshippers at the tomb of their disciple have without doubt, contributed, if not caused, the spread of the Asiatic cholera. Wherefore the prevention of this disease, as of every other, by a habit of cleanliness and the obedience of the other laws of health does more than drugs, which are only advantageous for a season; only temporary, not permanent in their effects.

2. Modification of symptoms. After a disease has once attacked the system, so to speak, little, in the majority of cases, can be done by the employment of drugs. The expectant mode of treatment only is here indicated, and is in fine, the favorite. The prevention of grave symptoms, if possible, by personal attention to comfort, diet and regimen, is always attended by the most satisfactory results.

3. Actual cure of disease by the use of medicaments. Dr. E. H. Clarke, of Boston, reported once to his class in Materia Medica 105 recoveries from typhoid fever. All these cases he confidently believed would have recovered had he not administered any drugs. Observations of such a nature from so great an authority must be of great value, certainly.

Although specific remedies are few, and the synthetic method of treating disease difficult and unsatisfactory, the chemist and physiologist and pathologist are still busily engaged in studying how actual cure may be obtained. And although this is a matter of solicitude to every intelligent physician, all hope must not yet be given up. Science is but in its infancy, and, as Hippocrates says but too well, "Art is long, our life is short." But we do not expect this great desideratum will be accomplished by one man or by one age. The history of medicine is the history of man, his ills, his misfortunes and his triumphs. Therefore let us aim at a cure in every case, but do all we can in the meanwhile to prevent disease; for here the great and true province of the physician lies, and here the educated man finds that all the natural sciences assist him in these endeavors.

Thus have we attempted to review, but feebly, the history of the healing art, and to show its dependence upon philosophy; how from age to age men arose who gave new life to the sci-

ence even amid confusion and darkness, and how it has lived through all, and never presented a brighter prospect for good than at the present time. At the same time we have endeavored to show what is the province, the philosophy, of medicine; how it has been shaped from age to age, and how little to its advantage is it to be bound down by sects, exclusive systems and dogmas; for the highest interest of medicine is to gather here and there, collecting the gold and casting to the winds the chaff and chaffer of charlatans and dogmatists.

Hydrobromic Acid in Prescriptions.

BY DEWITT C. WADE, M.D., HOLLY, MICH.

It is not astonishing that hydrobromic acid is suggested so soon after its introduction to the profession as a remedy for many diseases, and in many combinations, for the salts of bromine have been as thoroughly tested by as large a number of physicians as any other known medicine, and have found a place second to few other remedies in value. These salts are undoubtedly generally given for the purpose of obtaining the effects of bromine upon the system; and if hydrobromic acid, in a more exact, scientific and eligible manner, accomplishes this object, it is not unreasonable to suppose that it will rapidly supplant them in the estimation of the intelligent prescriber.

To further call the attention of the profession to the great usefulness of this acid, I am induced to give a few formulas, into which it enters, which I have no doubt will at least have the merit of novelty. It is well known that medicines combined, not chemically, are thus often increased in value, and the convenience of so prescribing hydrobromic acid, if for no other reason, will generally make it preferable to the bromine salts.

I regret that in my paper proposing hydrobromic acid as a medicine, published in the PENINSULAR JOURNAL OF MEDICINE in February, 1875, that I did not give a working formula for its preparation. I gave, instead, a theoretical formula, specifying that each fluid drachm of the finished preparation should repre-

sent ten grains of bromine, this being the amount of iodine in the same quantity of the officinal dilute hydriotic acid. Since then a formula has been published containing considerably less bromine, the result of which is likely to cause confusion, both with pharmacists and physicians. I think it proper to here give the original formula from which the first preparation was made, and which I shall now take the liberty of denominating dilute hydrobromic acid.

I. Bromide of potassium ....120 grains.
Crystallized tartaric acid.....153 grains.
Water.....1 fluid ounce.

Dissolve the salt and then the acid in the water, and place in cold water for several hours, or until precipitation ceases, and decant. The results of the reaction are the formation of bitartrate of potassion (cream of tartar), which is nearly insoluble, and sufficiently pure hydrobromic acid diluted with water, each fluid drachm of which contains ten grains of bromine. By preserving this proportion, any quantity can just as readily be made. For forty fluid ounces the following formula is exact enough for practical purposes:

II. The bromine salt.....10 Troy or 11 avoir. ounces.
The acid ... .12¾ Troy or 14 avoir. oz.
Water ....40 fluid ounces.

Proceed as before.

The affinity of hydrobromic acid for bases is between that of hydrochloric and hydriotic acids. I have prescribed it most frequently in half drachm doses well diluted.

III. Dilute hydrobromic acid.
Syrup .....of each one fluid ounce.

Mix and write—Teaspoonful in water.

This is not unpleasant to the taste, and may be given to obtain the constitutional effects of bromine as usually administered in combination with a base. It also acts like other mineral acids in being tonic, refrigerant, solvent, alterative, &c., and is very useful in the "bilious" conditions, including fevers, where

the morbid symptoms recede with the coating on the tongue. I use little else in remittent fever.

IV. Sulphate of quinia,.....15 to 80 grains.
Dilute hydrobromic acid.
Syrup,..... of each one fluid ounce.
Mix and write—teaspoonful in water.

This is extremely bitter, and in this respect cannot be improved by other additions. Like other acidulous preparations it is incompatible with licorice. Bromine has the power of modifying, in a marked degree, the cerebral effects of quinine; hence the value of this combination, aside from the alterative and other properties of the acid. In all cases of intermittent fever, I continue an antiperiodic from ten to thirteen days after the paroxysm ceases, and for permanent and other satisfactory results, this combination has proved to be far superior in my hands to any other not containing the acid.

V. Sulphate of cinchonia,..... 15 to 45 grains.
Dilute hydrobromic acid.
Syrup,..... of each one fluid ounce.
Mix and write—teaspoonful in water.

I can discover no difference in the effects of cinchonia and quinine, except that the latter is to be preferred as a stimulant. I prescribe cinchonia because of its cheapness.

VI. Red iodide of mercury,..... ..... one grain.
Dilute hydrobromic acid,..... .....one fluid ounce.
Fluid extract of orange peel.
Syrup,..... .....of each four fluid drachms.
Mix and write—teaspoonful in water.

The iodide of mercury is decomposed, the bromide being formed with the elimination of the iodine in the form of hydriotic acid. Mercury may be given in this manner for a long time without producing ptyalism, the salt being rapidly excreted.

VII. Fluid extract of ergot.
Syrup, ... of each four fluid drachms
Dilute hydrobromic acid, ... one fluid ounce.
Mix and write—teaspoonful in water.

I do not believe that any other combination equals this for efficiency in cases of cerebral hyperæmia. It is not only indicated where venesection would appear beneficial, but it may be administered by enema in a case of intercranial hæmorrhage, with the likelihood of arresting the transfusion, by capillary restriction, when an additional depletion of the arterioles, by artificial abstraction of blood, would still further endanger life without influencing the hæmorrhage, and is consequently positively contra-indicated.

Ergot and hydrobromic acid will be found to be promptly useful in the vertigo of plethora, with confusion of ideas, or where a determination of blood to the brain is prone to occur from other causes.

VIII. Fluid extract of stramonium.....160 drops.
Dilute hydrobromic acid.
Syrup, ...of each one fluid ounce.

Mix and write—one-half teaspoonful in water, the dose to be increased until the specific effects of the stramonium are marked, and there to be maintained.

I offer this combination as a prescription for epilepsy. I will simply say of it, that its effects in this disease are remarkable, and I think I have reason to consider it superior to any other plan of medication.

IX. Tartar emetic..... .....2 grains.
Denarcotized tincture of opium.. .....2 fluid drachms.
Dilute hydrobromic acid,..... 1 fluid ounce.
Syrup, to make.....2 fluid ounces.

Mix and write—teaspoonful in water.

For acute or chronic bronchitis.

X. Syrup of bromide of iron,.....4 fluid drachms.
Bromide of quinia,. .....16 grains.
Dilute hydrobromic acid.....1 fluid ounce.
Syrup,.....4 fluid drachms.

Mix and write—teaspoonful in water.

The wide applicability of this tonic is readily suggested by its composition.

XI. Sub-carbonate of bismuth,.....80 grains.
Dilute hydrobromic acid,.....1 fluid ounce.
Dissolve and add
Saccharated pepsine,.....80 grains.
Syrup, to make.....2 fluid ounces.
Mix, filter and write—Teaspoonful in water.

This is preferable to ammoniated citrate of bismuth with pepsine, because it is not only permanent in the bottle, but it is not precipitated in the stomach, as is the citrate. Its indications are evident to the professional reader. To it may be added pancreatine, with or without the pepsine.

I trust I have shown by the foregoing formulas how readily bromine may be exhibited in an elegant manner, combined with other well known remedies. These formulas, however, are only intended as skeletons, upon which a great variety of changes may be rung to suit the "notions" of the prescriber.

Elixirs instead of syrups may be substituted, and additions of flavors may be made to render the medicine more palatable. The doses given are for adults, and the frequency of their repetition in each case is to be determined in accordance with the circumstances.

Sedation is an indication in almost all diseased conditions, not only as a palliative, but to finally obtain radical results, by the greater curative efforts nature may make in the absence of irritation, aided, if necessary, by artificial means. It is no surprise, then, that the only known mineral sedative, being also a powerful alterative, should have found so prominent a place in the medical art; yet taking into consideration the facts that the salts of this drug are the preparations of it almost universally prescribed, and that they must be decomposed in the stomach and hydrobromic acid produced before the effects of bromine can be obtained in any case, and that these salts cannot conveniently be combined with other medicines, it is an easy matter to gain the impression, that in the light of our present knowledge, there are too many who follow a very clumsy and unscientific method of exhibiting one of our most valuable therapeutic agents.

Holly, Mich., 14th Aug., 1877.

Glycerite of Kephaline.

BY H. E. ASHMEAD, M.D., PHILADELPHIA.

There is a strong tendency to seek remedial agents in animal organisms, and the favor those already produced have received from the profession indicate that good results have followed the use of them for the cure of disease. Pepsin is now so generally employed that it may be regarded as an accepted agent, whose efficiency is above question, and which is placed in the time honored list. No physician would think of combatting aberrations of the digestive functions without seeking its good offices.

Isolated pancreatic juice has more recently sought professional endorsement. To Dobell the credit belongs of having first presented it to the profession. Its value is not so well determined as that of pepsine, and yet there is but little doubt that it is an excellent addition to our list of remedial agents. Admitting, as we must, that pancreatic juice is decomposed in the stomach by the acids, nevertheless it does not necessarily invalidate its use, because it will emulsify the fats and oils before they are taken into the stomach, and in consideration of the facts that the fats and oils previously emulsified pass through the stomach in a condition ready for appropriation, pancreatine, by previously emulsifying these, may prove exceedingly valuable in certain morbid conditions of the system. Ptyaline has been introduced as a chemical to supply the place of the normal saliva, but of its value I am not prepared to speak.

The last and most important attempt to appropriate the products of organic chemistry to the purposes of therapeutical science, is the isolation of protagon from the brain of animals, and wheat and its administration in diseases characterized by general vital deterioration.

Chemical research by Hentier and others, has demonstrated a decided deficiency of protagon in those whose intellectual powers decay, whether prematurely or by the natural changes incident to advanced life. The same deficiency is characteristic

in those who destroy their vital powers by natural or unnatural sexual excesses; as also in those who overtax their intellectual powers by brain work. While histological research has demonstrated the relation between brain deterioration and deficiency of protagon, Routh, of London, Tilbury Fox, Tempini, of Italy, and Professor Hammond, of New York, give corroborative testimony that fish, oysters, eggs, and other foods rich in organic phosphorous compounds are efficient agents in the restoration of the absent amount of protagon.

Dr. Charles G. Polk, of Philadelphia, who has spent much time in chemico-histological research, and whose investigations of those dead of tubercular disease seems to determine a direct relation between deficiency of protagon, and the development of tubercular phthisis, says in the August 2d, 1873, number of the *Medical and Surgical Reporter*, that in 1857, while engaged in the chemico-histological study of consumption, that he found that there is always a deficiency of the phosphorized brain principles in the medulla oblongata, cerebellum, and at the base of the cerebrum, and that this deficiency is very strongly evinced in the nerve mass near the origin of the eighth pair of nerves.

Dr. Polk having determined the deficiency of protagon in blood and nerve masses as the characteristic feature of phthisis, conceived the idea that the remedy for the disease was the restoration of the missing phosphorous compounds to the system. Upon analysis of the brain he determined that the protagon or morphological brain principle is hypophosphorous acid of the tribasic variety in union with the alkaline salts, glycerine, olein and albumen.

In accordance with this determination he formed these isolated brain principles into a glycerite, and employed it in diseases depending upon general vital deterioration. The results have been uniformly successful. In incipient phthisis the isolated brain principles have given results far more successful than heretofore accrued from the use of cod liver oil. I have had numerous opportunities of witnessing the employment of both Dr. Polk's protagon and glycerite of kephaline since 1869, and I can recall many cases in which there were very strong eviden-

ces of tubercular disease, but which rapidly improved under the use of the glycerite of kephaline. One case, especially, Mr. S., a member of a well known firm of surgical instrument manufacturers. In October, 1869, when he came under Dr. Polk's treatment, he was an apparently hopeless case of phthisis. He was placed on glycerite of kephaline, and in six months was apparently in the enjoyment of good health. Since then I have been a witness to equally satisfactory in several dozen cases, and there is no doubt in my mind but that it is a very important contribution to the therapeutics of this malady.

To claim that it is a specific for tubercular consumption would be claiming too much. It is not entitled to such a reputation, and the attempt to exalt it to this position will prove unsuccessful. Its value consists in restoring back to the system the alkaline hypophosphites which are deficient in the blood and nerve masses, and thus restoring the integrity of the functions to which these are so indispensable, namely, the generation of the nerve force transmitted for digestion, assimilation, nutrition, and respiration through the eighth pair of nerves.

Without venturing into an extended analysis of the pathology and ætiology of tubercular disease, there are a few points right here suggested to which it may not be irrelevant to allude. The lesions which characterize phthisis are mainly lesions of these very functions. Pancreatic deficiency, which Dobell supposes to be the developing cause of the disease, the primary lesion from which the other lesions accrue, is but an expression of impaired function of the excito-nutrient nerve system. Duodenal dyspepsia, so accurately described by Jas. Clark, and which he declared to be the earliest symptom of tubercular trouble, is in a large measure a consequence of pancreatic deficiency, and depends upon the acid condition of the small intestines, which Bennet regarded as the immediate agent in the production of most of the lesions essentially connected with the malady, as the more than neutralization of the normally alkaline pancreatic juice, and consequent interference with the emulsification of the oleaginous constituents of the food, whereby an excess of the albuminous portion enters the blood, while the

carbonaceous portion is in a great measure lost by not being prepared for assimilation.

In consequence of deficient emulsification of the fatty elements, butyric fermentation takes place, and the acid condition so graphically described by Bennet is produced. It thus appears, and sanctioned by high authority, that tubercular disease, or rather the development of the tubercle, is the immediate consequence of mal-assimilation and deranged nutrition; but mal-assimilation and deranged nutrition are but consequences of an anterior cause. The anterior cause must be sought in the nerve masses from which the abdominal viscera derives its nerve influence. Thus we are brought to the pneumogastric, the medulla oblongata, and the cerebellum. It is in these Dr. Polk found that the hypophosphites are uniformly deficient. If the great determining cause be in a deficiency of the hypophosphites in these nerve masses, the rational indication would be their restoration.

Churchill, of Paris, who is, I believe, justly regarded as the author of the phosphorous theory of consumption, as early as 1857 contended that the disease originated in a deficiency of phosphorous in the system in an oxidizable form, but he did not make any chemical analysis to determine the location or formula of the missing element, consequently we must infer that he arrived at his conclusions entirely on theoretical grounds, while Dr. Polk based his conclusions on actual chemical analysis of the blood and brain of those dead with phthisis.

Dr. Churchill introduced into medical practice laboratory-made hypophosphites of calcium and sodium, while Dr. Polk first isolated and employed brain hypophosphites in the treatment of tubercular consumption, and the success he has had with his glycerite of kephaline and Lœflund's extract of malt indicates a decided superiority of this treatment over that usually employed by physicians.

In other cachectic and devitalized conditions of the system the results with these agents exceed those derived from the usual tonics and alteratives. In nerve and brain exhaustion glycerite of kephaline is without a rival, no agent compares with it. In

impotency it is almost a specific in the absence of organic defect. The dose is about fifteen to twenty drops, given with malt vegetable tonics or in water, three times a day.

The following is the formula:

℞. Isolated cerebrate or hypophosph. of ammonium, 8 parts
Isolated cerebrate or hypophosph. of potassium...3 parts
Isolated cerebrate or hypophosph. of calcium....8 parts
Isolated cerebrate or hypophosph. of magnesium..3 parts
Isolated cerebrate or hypophosph. of sodium.....8 parts
Glycero hypophosphorous acid (isolated).....5 parts
Cerebric acid..... .....5 parts
Pure glycerine.....60 parts

The hypophosphites are isolated almost chemically pure by macerating protagon in bisulphide of carbon and precipitating at a low temperature. The hypophosphites thus obtained are very soluble in the mixture of the glycerine and the acids. The preparation is almost as clear as the glycerine and has an agreeable acid taste. At present it is only manufactured by A. C. Dung, of New York City. The writer is in no manner concerned in its production or sale, and consequently cannot answer individual inquiries.

No. 807 S. 21st st.

The Pessary in the Treatment of Uterine Displacements.

EXTRACTS FROM A PAPER READ BEFORE THE UNION MEDICAL SOCIETY OF NORTHERN MICHIGAN, BY O. E. HERRICK, M.D., GREENVILLE, MICH.

The uterus, hanging, as it does, in the centre of the pelvis, delicately and equally poised and held in position by its six delcate ligaments from above and by the vagina below, is scarcely calculated to withstand, with its slender natural supports alone, the rough treatment it receives from its modern owner. Indeed it is surprising that it is not more often displaced, and it is not to be wondered at that at least one-third of the women of to.day are suffering from one or more displacements.

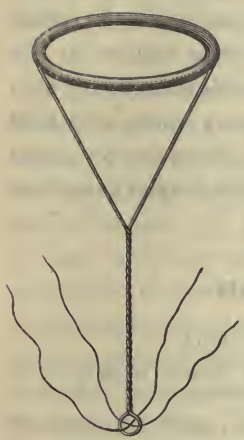
It is not my purpose in this short paper to point out the

many causes of this trouble (which *might* and *should* be avoided), but to suggest a plan for the treatment of that trouble after it has occurred.

The only support of the uterus from below upwards is the vagina; and that alone prevents prolapse, the most frequent and distressing displacement met with. We believe that the only office of the ligaments is to prevent any displacement sideways, forwards or backwards, and that they have no part whatever in preventing the abnormal descent of the uterus.

This being the case, then, it is quite important that we use no mechanical supports in the treatment of its displacements which will distend the vagina or weaken its walls. A bridge could stand as easily with its abutments knocked from under it as a uterus with its vaginal walls weakened by some instrument which keeps them distended when nature intended them to be kept in contact. There never was a case of prolapse of the uterus without a corresponding weak and lax vagina, and a case can never be benefited by treatment that makes the sole support of that organ weaker instead of stronger.

The plan of treatment I would propose is to hold the organ up to its place by means of a pessary, composed of soft rubber and silver wire. The support is a soft rubber ring with a silver wire stem which is attached to an elastic belt by elastic cords. The silver wire is attached to the ring on each side, and is imbedded into the rubber so that it cannot irritate the mucous membrane of the neck; it then comes down in two arms to about one-third the length of the vagina, when the two wires are brought together and twisted, thus forming the stem, with a little loop of the wire at the bottom for the elastic cords to pass through. These cords and the elastic belt make the instrument both easy to wear and convenient to apply.



The soft rubber ring fits up into the cul-de-sac about the neck of the uterus, and being applied at that point its elasticity

prevents both prolapse and version, or flexion, in either direction. A ring has long been considered by leading gynæcologists in this country as the only pessary that does not weaken the vaginal walls. All pessaries have been so far but modifications of the ring. Now the advantage which this instrument presents over others is that it is composed of soft rubber instead of hard, and that by its silver wire stem we have a combination of the ring and stem pessaries without the cup, which both catches the secretions from the uterus and by friction irritates that organ. The stem, also, instead of being so large as to inconvenience the patient by its presence, is only about the size of a small knitting needle, and after a few moments its presence is not even felt; neither does it in any way interfere with the necessities of nature. This instrument is worn by many of my patients during menstruation, which, in my opinion, is pre-eminently the time that it should be worn, whether there be any displacement or not—worn as a safeguard, for many displacements can be dated to some violent exercise during that time, when the organ is much heavier, being gorged with blood.

From the fact that the support is a soft rubber ring instead of a hard one or an irritating cup, it may be worn any length of time without being removed, as it can be cleansed each day with a syringe. It is as easy to introduce as a simple rubber ring, and can be doubled together in the same manner as the latter for that purpose; the silver wire is so flexible that it does not interfere with, and and yet is quite strong enough to hold up, the uterus. Its cost is trifling; it can be made for about one dollar and fifty cents, and any intelligent jeweler can attach the silver wire to the ring.

Ophthalmic Fragments.

BY EUGENE SMITH, M.D., DETROIT.

Ophthalmic and Aural Surgeon to St. Mary's Hospital; Surgeon in charge of St. Mary's Hospital Eye and Ear Infirmary.

DIPHTHERITIC OPHTHALMIA.—Mrs. M., aged 32, came to the Infirmary June 15th with an affection of the right eye. The lids were very much swollen and exquisitely painful to the touch; so hard and painful were they that it was difficult to sep-

arate them sufficiently to examine the globe. The conjunctiva was greatly thickened, of a yellow color with here and there ecchymosed spots. The vascular condition was greatly diminished, as but few vessels were seen. The conjunctival and subconjunctival tissues were the seat of an extensive fibrinous infiltration. There was no secretion the first three or four days, but about this time small greyish patches were seen in the conjunctiva, which could be detached, though breaking or pulling to pieces while being separated. This substance appeared like coagulated fibrine. The case was under treatment about six weeks. In an experience extending over more than fourteen years this is the first case of diphtheritic ophthalmia I have ever seen in this country. The rarity of the affection is my reason for reporting it.

The great danger in cases of diphtheritic conjunctivitis arises from the fibrinous infiltration producing strangulation of the cornea by compression of the vessels. This generally takes place during the first stage, before the disease passes into the purulent stage. Cauterization, so efficacious during the second stage of the disease, should never be used during the first period, but iced compresses should be energetically applied till the purulent stage is well established. Corneal complications may be met with atropine, etc.

Lipoma.—Another rare affection is lipoma of the eyelids. It may be diffuse and resemble elephantiasis, or circumscribed, forming a sharply defined tumor. A case of the latter character came to the hospital for operation in July. It was situated in the left lower lid, a little outside of the lachrymal sac. Its pressure interfered with the flow of tears, which, together with its position in the vicinity of the sac, gave to it the appearance of a lachrymal trouble; and in fact, it had been treated as such before coming to the hospital. In removing it I found that it extended back into the orbit nearly an inch. After removal it was about the size of a large almond. It was easily broken down, and under the microscope seemed made up of oil globules and cellular tissue.

Epithelioma of the Eyelid.—Mrs. M., æt. 65, came to the infirmary July 10th with an epithelioma of the left lower eyelid, situated in the inner angle, but extending nearly to the median line of the lid. It first appeared some months before as a small pimple or wart, which was irritated by frequent picking till it ulcerated. It then seemed to increase more rapidly in size. It extended through all the tissues of the lid. A large V-shaped piece, including the entire diseased mass, was removed, and the edges drawn together by a hair lip suture. The wound healed by first intention, and for the time being the old lady is free from her trouble.

Epithelioma of the eyelids is a not infrequent affection. It is, in fact, the most frequent of the malignant diseases of the lids. It usually begins, as it did in this case, either as a small pimple or excrescence on the free border of the lower lid at the *inner angle*, though it *may* commence at other points. It is very rarely seen in persons under forty years of age. The best treatment is removal early in the course of the disease. The prognosis is good, I think, if the *whole of the diseased* part is carefully and properly removed. Seven years since I removed the entire lower lid and part—outer one-third—of the upper lid of a Frenchman from Chatham, Ont., replacing the upper portion by a plastic operation. The patient has remained free from the disease, no relapse having taken place.

The supposition that mechanical irritation produces epithelioma affords interesting food for theorizing upon the cause of the affection in the eyelids. How much does rubbing of the lids, together with the increased cutaneous, lachrymal and conjunctival secretions have to do with its formation in this vicinity?

Gunshot Wound of the Eye.—July 10th I was called to see Walter B., aged 11, who had received a charge of small bird shot in the forehead at the inner portion of the right eyebrow. He was standing about three feet from the revolver, which was in the hands of a little playmate, when he was shot. I saw him two or three hours after the accident, and found a slight abrasion of the cornea of the right eye, at its inner quadrant. The vitreous humor of this eye was cloudy, giving a

slightly reddened reflex. No penetrating wound could be discovered. The lens was normal. The left eye had a small, circular, perforating wound a little to the right of the cornea. The lens was wounded, and there was a bridge or string of a whitish substance extending diagonally across the anterior chamber from the corneal wound to the lens, undoubtedly composed of swollen lens-tissue, and marking the course of a shot. Owing to the cloudiness of the lens ophthalmoscopic examination was *nil.*

I hoped from the position of the parties at the time of the injury, as evidenced by the diagonal appearance of the wound and the nearness of the injured boy to the pistol, that the shot had passed through the globe into the orbital tissue. If such were the case we should probably escape sympathetic trouble.

Four weeks from the time of the accident the right eye had cleared up sufficiently to count fingers at six feet, and to make ophthalmoscopic examination partially satisfactory. The vitreous was still cloudy and contained blood clots, which were being absorbed. A dim view of the optic disc and upper one-half of the retina could be had. The disc was hyperæmic and swollen; the retinal vessels enlarged and very tortuous. I have no doubt the injury to this eye was a rupture of the choroid from *contre coup* caused by the explosion and that improvement will continue till good vision is established.

About four weeks after the injury severe pain "like a toothache" set in in the left eye, the ciliary region became tender to pressure, and the right eye becoming red and watery, I advised and performed enucleation of the left eye. The globe (fresh) was divided at its equator. The retina was partially detached by extravasated blood. There were blood clots in the vitreous. The lens was cataractous. Extending from the posterior surface of the lens through the vitreous to the retina *immediately over a rupture of the choroid,* there was a grey line, distinctly marking the course of the shot, which was found in a clot of blood directly beneath the choroidal rupture.

Twenty-four hours after the enucleation the watery condition and redness of the right eye had disappeared, and again it is in a fair way to recover.

Strychnia Incompatible with Bromide of Potassium and certain other Salts.

BY A. B. LYONS, M.D., DETROIT.

Having occasion recently to dispense a mixture in which strychnia was combined with bromide of potassium, I observed that when the bromide was dissolved in a clear neutral solution of the strychnine, the fluid at once became turbid from the separation of a bulky precipitate, which failed to redissolve on the addition of a few drops of dilute acid. The precipitate, which under the microscope was seen to consist of minute acicular crystals, proved to be a salt—doubtless bromide— of strychnia.

When the proportion of strychnine did not exceed one to two thousand, the crystals separated from the solution only after some time, unless enough of the bromide were added to make a nearly saturated solution. It is easy to see what danger might arise from this behavior of a solution containing any considerable quantity of strychnia.

In fact, my attention was called to the subject by a case of serious poisoning by the last dose in a bottle prepared after the following prescription :

℞. Strychnine.....grs.ij.
Bromide of potassium.....ʒij.
Syrup, water, aa.....ʒiv.
M.

This prescription, when first prepared *secundem artem*, forms a clear mixture, which, however, in a short time becomes turbid, and eventually deposits a considerable portion of the strychnia. Hence, if the mixture were not well shaken whenever used, the last dose might well be a dangerous one. I found by experiment that bromide of sodium, iodide of potassium, and even chloride of sodium would cause a separation of strychnia from its solutions. Even so small a quantity of common salt as ten per cent. produced a decided precipitation in a solution of strychnine containing one grain to the ounce.

Nitrate of potassium and sulphate of sodium seemed to have

no effect when dissolved to saturation in strychnine solutions of this strength.

The practical conclusion to the physician will take shape in a rule something like this: Never prescribe strychnine in solution in combination with any considerable quantity of any iodide, bromide, or chloride, and if such a combination is prescribed at all, be sure to direct the patient always to shake the vial well before taking a dose of the mixture.

125 Fort street west.

Report on 266 Cases of Vaccination with the "Griffin Bovine Virus" as occurring in Private Practice.

READ BEFORE THE DETROIT MEDICAL AND LIBRARY ASSOCIATION

BY E. L. SHURLY, M.D., DETROIT.

GENTLEMEN:—Since June of last year I have kept a record of about all the cases of vaccination occurring in my practice in which the bovine virus, obtained from Dr. Griffin, of Fond du Lac, Wis., was used, and hereby offer a brief report upon the same.

Before proceeding to statistics it will be well to state in general terms the manner of vaccinating, etc.

The vaccinations have always been made upon a scarified surface, generally one patch, sometimes, however, two, and the operation has been made either with a lancet, a common needle, or a spring vaccinator (Tieman's Spring Scarifier). Considerable care has been exercised always to scarify lightly, and to wait for the cessation of bleeding before applying the "virus," which has been moistened only just before using. No virus has been kept in a moist state, and all virus, when not in use, has been kept in a refrigerator. The lymph used was mostly that stored upon ivory points. It is unnecessary to say that the instruments (excepting needles, which were thrown away) were very carefully cleaned after use upon each person. In most of the cases the operation has been finished by the application of a small piece of isinglass plaster, which I have direct-

ed to be removed by means of moisture about the third day after the operation

Regarding the value of the observations recorded I will say here that all cases embraced in this report were inspected on either the seventh, eighth or ninth days after vaccination—the subject's statement as to success or failure not having been taken.

No case has been regarded as *secondary* which did not show the *characteristic scar* of a previous vaccination, the person's assertion to the contrary notwithstanding. And no case has been recorded as "taken" unless the characteristics belonging to the vaccine vesicle or pustule were apparent.

Of the whole number (266) recorded as having been vaccinated with the "Griffin bovine virus"—from June 1st, '76 to July 1st, '77 (a period of thirteen months)—150 were vaccinated with "lymph," and 116 were vaccinated with "crust."

Of the 150 cases of lymph vaccinations 64 were *primary* and 87 were *secondary*.

Of the 65 primary cases 62 were successfully vaccinated and three were unsuccessful, notwithstanding several attempts were made each time with fresh virus and a careful operation, while of the 86 secondary cases, 33 failed.

Of the 116 cases of "crust" vaccinations, 21 were *primary* and 95 were *secondary*.

Of the 21 primary cases, only one failed after repeated attempts, while of the secondary cases, 38 failures are recorded.

Regarding the ages of these cases, it is noted:

Of the whole number (85) of primary cases 66 were between three months and ten years; 16 were between ten and twenty years, and three were between twenty and fifty years of age.

Of the whole number (181) of secondary cases 18 were between three months and ten years; 46 were between ten and twenty years; 100 were between twenty and fifty years, and 17 were over fifty years of age (one of these being 84 years old). Of this class (over 50 years old) seven (7) were successfully vaccinated and ten (20) were not.

Regarding the kind of instrument used. It is recorded that in (86) eighty-six cases the common thumb lancet was used; in 80 (eighty) cases the spiral spring vaccinator (Tieman's) was used.

In fifteen (15) cases the scarifications were made with the point of the ivory that carried the virus, and in forty-five (45) cases a common needle was used to scarify, and afterwards thrown away—according to the method of Dr. Jas. A. Brown, the president of this Association.

Of the cases of secondary vaccination which failed, eight (8) were repeatedly tried.

Of the whole number, thirteen (13) of the cases "took" only after repeated attempts. Two cases are recorded of a secondary vaccination taking under ten years of age.

Regarding local complications and accidents, it may be stated that very often the crust gives rise to a little more local disturbance than the lymph—a phenomena which may be due to the introduction of pus, &c., with the virus.

It is noted in this record that in thirteen (13) cases more than the usual amount of disturbance took place—such as great swelling and redness of the arm and contiguous parts, accompanied by more or less constitutional disturbance.

Of these thirteen (13) cases eight were vaccinated with the crust and lancet; four were vaccinated with the lymph and lancet; one was vaccinated with the crust and vaccinator.

As nearly as could be ascertained a large majority of the secondary cases had been previously vaccinated with humanized virus.

The foregoing record, as far as it goes, seems to demonstrate

1st. That by far the majority of persons need vaccinating, either because the protecting power of the virus wanes, or because they may not have been well vaccinated at first, i. e., not with very active virus.

2d. That a little more local disturbance seems to follow the use of the bovine crust than the lymph. But as only *nine* (9) cases out of the one hundred and sixteen (116) presented dis-

turbance of a serious character where the crust was used, and only *four* (4) out of the one hundred and fifty (150) cases where the lymph was used, it would seem that the objections urged against bovine virus and in favor of humanized virus, on this account, are *not sustained.* And

3d. That a record of two hundred and sixty-six cases of vaccination with only seventy five (75) failures, and those, save *four* (4), occurring with secondary vaccinations, shows well for the activity of the virus used.

Reports of Societies.

Detroit Medical and Library Association.

Regular meeting, May 21, 1877. President Jas. A. Brown in the chair.

Dr. Eugene Smith presented an eye which he had been called to Marshall to remove on account of sympathetic irritation. He dissected the specimen in presence of the society, and, aside from the general pathological conditions which the doctor described, he found in its posterior wall a segment of bone involving, perhaps, a quarter of the whole inner surface. It was an instance of true bony degeneration of the choroid, taking its start from the capillary layer. The formation, acting like a foreign body, had set up a plastic cyclitis and finally irritation of its fellow eye. The eye had been injured twenty years ago, but the irritation began a few months before the operation.

Dr. McGraw asked if the specimen were not more likely one of calcareous degeneration. If it were true bone, it was a very striking anomaly—an instance of heterogeneous formation without malignancy. It was also remarkable that an epithelial tissue should produce bone tissue, so very unlike itself.

Dr. Smith said the formation was undoubtedly true bone, and under the microscope would reveal bone cells and Haver-

sian canals. It was of comparatively frequent occurrence in the choroid; on the contrary it was never found in the lens, but calcareous degeneration was frequently met with.

To settle the question Dr. Chapoton was requested to make a microscopical examination of the specimen and report at the next meeting.

MR. PRESIDENT AND GENTLEMEN:—The small, firm and osseous appearing tumor presented by Dr. Eugene Smith, at the late meeting of May 21st, disclosed, on microscopic examination, an abundance of bone corpuscles, the lacunæ and the anastomosing canaliculi being extremely well marked.

In the sections made I could not discover any Haversian canals. From the examination made I am not prepared to speak decisively of the character of the growth.

Respectfully,

E. A. CHAPOTON, M.D.

The report made at a subsequent meeting is given above for convenience of reference.

THEO. F. KERR, M.D.,
Secretary.

Regular meeting June 4, 1877. Dr. Peter Stewart was called to the chair.

Dr. Lewitt exhibited the right lung of a patient brought before the society four weeks ago to show, at that time, the results of fistulous empyema. The patient had since died from fatty degeneration of the kidneys. But for the intercurrent disease he might have lived for an indefinite period.

The lung was found to be adherent to the spine and ribs, and to extend from the clavicle to the diaphragm. It was slightly permeable to air, a frothy liquid exuding on pressure. The left lung was healthy except for slight emphysema.

Dr. Johnson exhibited the right kidney of a man recently dead from disease of that organ. Its weight was three pounds and ten ounces. The mass was composed of blood clots laminated with fresh clots outside. The man had a slight fall about

five months ago, and from that time began to fail, wasting from 170 pounds weight when the accident happened to 90 pounds when he died.

His theory of the method of formation was that the kidney was first cancerous, and the fall produced rupture of the blood vessels, the mass becoming encysted. The opposite kidney was cancerous with cysts around the border. A gland beneath the stomach, as large as an orange, showed colloid degeneration and the heart showed amyloid degeneration.

No personal history was obtained, as the man was very reticent, and never complained, but simply wasted away until he died of inanition.

The difficulty was not diagnosed during life, as the dullness caused by so large a mass was continuous with that of the liver, and it was thought to be enlargement of that organ.

Dr. Lundy reported a case of paralysis of the right side with aphasia in a man 84 years old. From the symptoms he could not discover whether it was the result of embolism or hæmorrhage. The face and eyes were suffused, pulse 80 and full. He was now improving, and could move the right hand. The cheek does not puff when he swallows. He had been in the habit of practicing masturbation, producing four or five emissions weekly.

Dr. Johnson thought the latter had nothing to do with the paralysis, nor was there any discoverable cause.

Dr. Lundy also mentioned another case of paralysis—a fatal one—in which the temperature remained at the normal until a few hours before death, when it rose to 104°. This was contrary to the recently expressed views on this subject.

THEO. F. KERR, M.D.,
Secretary.

Regular meeting, July 11th, 1877, president Brown in the chair.

The following letter was read by the secretary:

DETROIT, Mich., June 27, 1877.

DR. H. E. SMITH:—*Dear Sir.*—I send you a number of volumes of old medical works from the library of my father,

Earl Swift, M.D., late of Mansfield Centre, Conn., and now deceased, with the request that you will present them to the medical society, of which you are a member, and which has, I believe, a medical library under its care. I send them not so much for their intrinsic value to the profession to-day, but I thought they might afford some information concerning medical science and ideas of 100 years ago.

If they shall be acceptable to your society to that extent, I shall feel repaid for my trouble.

My father was born in Mansfield, Conn., in 1784, and spent over 55 years of his life in the practice of his profession there. He graduated at Yale in 1805 and was licensed to practice in May, 1808. He died in his native town in 1869, in his 86th year, honored and beloved by all who knew him. He was for many years a member of the examining committee at Yale.

Yours very truly,

F. W. SWIFT.

On motion the gift was accepted with the thanks of the society, and the letter ordered spread on the minutes of the Association.

The secretary was also instructed to make a public acknowledgement of the gift, which he did in the following terms:

DETROIT, July 19, 1877.

COL. F. W. SWIFT:—*Dear Sir.*—Your generous gift to the Detroit Medical and Library Association of the library of your father, Earl Swift, M.D., lately deceased, was received and accepted at the last regular meeting, Monday evening, July 11th. By a unanimous vote of the association your note accompanying the gift was ordered spread on the minutes, and the secretary was instructed to convey to you the hearty thanks of the society for your very opportune and valuable donation. The works were of a standard character in their time, and show the excellent judgment of their owner in making selections for his book shelves. To-day their dim and musty pages carry us back almost a century and unfold to us the quaint and curious science of those older days.

Be assured that they will be highly prized by us, both as a link that binds the new to the old, and for the pleasure and profit that will be derived from their perusal.

With a reiteration of our expression of thanks, we are

Yours, very respectfully,

THEO. F. KERR, M.D.,

Secretary Detroit Medical and Library Association.

Dr. Reynolds exhibited two kidneys, removed from a patient recently dead, of which he gave the following history:

Saw, on the 26th of May last, in consultation with my brother, Dr. H. J. Reynolds, of Orion, a Mr. Abram Miller, æt. 48, of Brandon, Mich., who dated his first illness at October last, and had, at the time I saw him, been confined to his room about six weeks. His first symptom was shortness of breath on sudden exertion; and this, together with slowly increasing loss of strength, continued till the fore part of April, when his legs began to swell, and he was confined to the house. At my visit his lower extremities and abdominal parietes were very œdematous, but there was no œdema of lower eye lids or face and no appreciable effusion in the abdominal cavity. There was dyspnœa on exertion, but he could retain the recumbent position very well.

He had a troublesome cough, with occasional white frothy expectoration, and there were in both lungs some moist rales; but dulness on percussion was not marked. The area of cardiac dullness was somewhat increased, and the apex was between the fifth and sixth ribs, but displaced outwards as far as the nipple line.

The impulse was considerably extended, and there was a wavy pulsation extending from apex to ensiform cartilage, but not seen over base of heart.

A deep and very plain systolic blowing sound was heard, plainest in a circular manner from the apex rightwards to mid sternum near ensiform cartilage, and thence to right third costo-sternal articulation.

It did not seem at all superficial nor in any way pericardial,

and could not be heard in going a little way from the line just alluded to. There was no pulsation nor distension of superficial veins, but from the character and location of the murmur it seemed probable that there was tricuspid regurgitation, and that the somewhat increased precordial dullness and the extended impulse might be due to dilatation of the right ventricle; and that the other symptoms and appearances might all have their origin from that condition of the heart. But the urine contained an abundance of albumen and a considerable number of both large and small granular casts, and also, what seemed strange while there were no bladder symptoms, there was then and continued to be at each subsequent examination, quite a large number of pus cells.

From the time of my visit till the death of the patient, on June 28th, I am indebted to my brother for the history.

Anasarca increased and there was peritoneal effusion. The precordial dullness extended, and the wavy pulsation was seen over a larger area, and became very marked. Symptoms and signs of pulmonary œdema continued, but dyspnœa was not urgent. There was no coma or convulsions, and loss of vitality was gradual.

The casts in urine became less covered with granular matter, with occasionally upon them small fat globules, and some casts were quite hyaline.

At two examinations about two weeks before death the cardiac murmur was not heard; but it returned, though not so loud, occasionally afterwards.

He died on June 28th, and by invitation of my brothers, Drs. H. J. and A. R. Reynolds, I was present at his autopsy. Both lungs contained serum, but there was no effusion in pleural cavities. The pericardium was largely distended with serum, but there was not much lymph. The left ventricle of heart was considerably hypertrophied, while the walls of the right ventricle were certainly not thickened, and its cavity was not dilated. The semi-lunar and tricuspid valves presented no abnormality; but the chordæ tendineæ of the right ventricle were very much matted with a greyish-white fibrinous looking

material, which, with a little force, could be detached by the fingers.

The left kidney was much enlarged, weighing seven and a half ounces. The right was, in contrast, strikingly small, weighing only one and a half ounces, and containing in its pelvis a calculus about the size and form of an ordinary long shaped almond. The ureter was much smaller than the left, and the kidney had in its convex border a smooth edged, white lined opening, half an inch in length, situated immediately over one end of the calculus, the other end being toward the ureter.

The glandular structure had apparently been long destroyed by pressure and absorbtion, so that it would seem that the left kidney alone was the seat of the Bright's disease and the source of the casts; while the right, from around the calculus, produced the pus seen in the urine. The bladder was normal. There never was during life any pain or soreness in either lumbar region, so that while the purulent cavity around the calculus communicated freely with the abdominal wall, it is probable that the pus had always a freer exit in the direction of the ureter.

With reference to the heart there is of course no doubt, from post mortem appearances, that the extended dullness and wavy impulse were produced simply by the pericardial effusion, the wavy impulse being made more plainly marked by the stronger action of the hypertrophied left ventricle; and that the hypertrophy of the ventricle and the serous effusions were not due to any valvular defect, but to the Bright's disease of the left kidney. The systolic murmur, however, was without doubt endocardial, and produced either by regurgitation through the tricuspid orifice from embarrassment of the tendinous cords and consequent imperfect closure, or from the intra-ventricular current of blood over the fibrinous exudation, or probably from both.

The patient had had two attacks of acute rheumatism during life, the last one fourteen years previous to his last illness; but having had during life none of the general symptoms of tricuspid regurgitation, it seems reasonable to infer that the fibrin-

ous exudation was recent, and the result of an endocarditis coincident with the pericardial inflammation and effusion, and that both were the result of the uræmic toxæmia produced by Bright's disease.

Dr. Jenks then read his "Report on Obstetrics," for which a vote of thanks was tendered.

[Report published in September No. of JOURNAL.]

Dr. Munson asked if the new principles taught by Tarnier would prove useful and could be made of practical value.

Dr. Jenks thought they would prove so. With the old forceps one does not pull in the axis of the superior strait, or if one does, the handles of the instrument press backwards on the perineum, and contusions and lacerations frequently result. With the new instrument one could not help pulling in the axis when the head was above the brim, nor was the perineum endangered thereby.

He did not wish to be considered as a special advocate of Tarnier's forceps, but physicians did not always use the forceps properly and hence the accidents above mentioned. The French invention seemed to supplement the physician's lack of skill or knowledge when he failed to imitate nature. When nature was imitated there was no danger to the perineum.

Dr. Heaton said the question to him was whether the new instrument was necessary, and whether the same results could not be secured by the instrument now in use.

Lacerations may take place, but he had never seen any resulting from the use of the forceps, and believed they happened through carelessness. Opposition to the forceps came from men who made mistakes in applying them, and then for the bad results condemned the instrument. Still, in late years there had been a great improvement in this respect.

Dr. Gilbert illustrated his idea of the value of the invention by saying that a horse could draw a load easier when it was neither too high nor too low, and was adapted to the inequalities of the road. So the forceps might be made more useful by having a hinge between the handles and blades allowing the

head more easily to adapt itself to the curve and contour of the parturient canal.

Dr. Carstens expressed great doubt of the value of the instrument, and did not see how one could avoid pressing on the perineum to a greater or less extent when traction was made in the axis of the inferior strait.

Dr. Reynolds also expressed disapproval of the new forceps, and thought it too complicated. In extracting a child from the pelvis there was something akin to drawing a cork from a bottle. In his own practice he never drew straight down in the axis of the canal, but while making direct traction kept up a motion from side to side and from before backwards.

As regards the use of chloroform he observed that it was always used in the Rotunda Hospital in forceps cases.

Dr. Shurly said that he did not use chloroform so much as formerly. When in the habit of using it in all cases of forceps delivery he was frequently troubled with secondary and concealed hæmorrhages, and thought its use increased the tendency to these risks. Now he never used it if he could avoid it.

Dr. Cleland said he believed Dr. Johnson, of the Rotunda Hospital, spoken of in the report, had advanced the correct ideas in regard to the use of the forceps. They were great conservators of the life of the child and relieved the mother of much pain and suffering. In his own practice he used the forceps more frequently than ever before.

Dr. Shurly read a report on a series of vaccinations, which appears elsewhere in the present number of the JOURNAL.

Dr. Gilbert reported a fatal case of puerperal convulsions. When he first saw the patient she was in labor and had had several convulsions. The face and legs were swollen, pulse slow and irregular, breathing stertorous, mind clouded. The os was dilatable. He gave chloroform, which controlled the convulsions and improved the pulse. Drs. Jenks and Rouse then arrived, and the forceps were applied, the os being dilated to introduce the second blade.

The chloroform controlled the convulsions completely, but

after delivery she continued to sink until she died in an hour and a half. The child was still-born but was resuscitated.

He should not give chloroform in a case of convulsions where there was great venosity of the surface, as it only increased the weakness of the heart, which was the cause of the capillary engorgement.

THEO. F. KERR, M.D.,
Secretary.

Canada Medical Association.

Through the kindness of Dr. Wm. Brodie, who was appointed at the late meeting of the American Medical Association a delegate to the Canada Medical Association, we have been supplied with copies of the Montreal daily papers, from which we are enabled to present a synopsis of the proceedings of the tenth annual meeting of the latter body, held in Montreal on the 12th and 13th of September.

In point of numbers the gathering appears to have been tolerably successful, while the papers read were of high average ability—some of them being of superior excellence; notable among the latter were the papers on "Tricuspid Stenosis," by Dr. R. P. Howard, of Montreal, and "Excision of Knee," by Dr. Fenwick, of the same city. Dr. Workman, of Toronto, also read an article on "Large Doses of Acetate of Lead in *post partum* and other Hæmorrhages." This paper, like all productions from Dr. Workman's pen, was ably written, and possesses peculiar interest from the fact that the author was the first to present to the profession acetate of lead as a remedy of superior usefulness in *post partum* flooding. Dr. W. read also a paper on "Crime and Insanity," which elicited much discussion. Lack of space prevents a *resume* of these papers, and we can only give such extracts from the address of the President, Dr. Hingston, of Montreal, as are of common interest to members of the profession on both sides of the lines:

* * * * * He denied the insinuation that the Association had no objects sufficient for its existence worthy the la-

bor, expense and time of meeting together, insisting that this was the opinion of the ill-informed, who failed to perceive its advantages. Alluding to the growth of the Medical Association of our "American cousins," he (Dr. Hingston) said that although now after an existence of only thirty years found to be almost too large for practical purposes, the society must be admitted to have accomplished an amount of good not to be achieved by any other means. It had brought the medical profession of the United States into one body and encouraged the State institutions, thereby improving the tone in them. So with the association he addressed, which had existed for only one-third of that period. Legislation had imposed geographical boundaries and endeavored to make a fit practitioner of our province disqualified in another. The association defied all efforts to fix limits as of a boundary, and rubbed out those unsightly enclosures. * * * * * After alluding to matters of routine, he touched upon the question of legislation at the province of Quebec, where three bills went in last session to satisfy three orders of mind, and came out as one bill, and in a shape that satisfied no order of mind. The Province of Ontario system—a central Examining Board—had been favorably pronounced upon by the medical press and profession of that Province. The Province of Quebec had no such system; yet nothing short of it would satisfy those who looked only to the well-being of the profession and the community. The compulsion, requiring persons licensed in one part of the Dominion to procure license in another, seemed an anomaly; it was one. however, that could only be remedied by a parity of medical legislation in the several provinces. Much more liberal was the action of the English College of Physicians in Great Britain, which had passed a by-law legalizing even foreign practitioners in England, and on certain conditions exempting them from re-examination. It appeared to him the duty of the Canadian Association to endeavor to obtain such legislation as would lead to a like generous action. It was useless to speak of medical legislation for the whole Dominion, but local legislation could easily introduce measures simultaneously so that a practitioner

in one could be a practitioner in all the Provinces. This could be done by central examining boards and a uniform system. In drawing attention to the act as at present existing, he showed that by the manipulation of proxies one active man might control matters at any time for the whole Province, making practitioners in the country and towns, unknown to themselves, his instruments in so doing. Having called attention to the refusal by the British Board of Trade to recognize Canadian qualifications for emigrant and passenger ships, so recently before the public, he explained that although the Board of Trade had rescinded the order, it was nevertheless a law, to be used by the British authorities at any time. The diplomas were recognized while their holders were allowed to be employed. And how could Canadians ask for the recision of the law while they did not allow the same right to each other? Alluding to the ungenerous act of a member of the profession in Ontario towards a surgeon of distinction from Detroit, he (Dr. Hingston) was certain that his associates in convention would allow him to interpret their views in assuring Dr. Jenks and through him the members of the profession in the adjoining Union, of their honest offered courtesy, and of their continued desire for reciprocity in matters which even governments cannot control, and in which science and humanity demanded the most unfettered civility. Coming from the question of education, what should *constitute* the qualifications of a medical student before entering upon the practice of his profession, to the question what should be his qualifications on entering our medical schools? he said the education he would advocate should give a delicate taste, a candid, equitable, dispassionate mind, a noble and courteous bearing in his conduct through life; should open the mind, correct, refine, enable it to master, know and digest, rule and use its knowledge, and give it power over its own faculties, application, flexibility, method, critical exactness, sagacity, resource, address. With the intellect thus tutored, the student might enter into the study of the most difficult professions and pursue with advantage a particular course of study that might issue in some remunerative manner. He shared not with those who advocated a low

utilitarianism, but rather with those who think the student should be formed "not by a parsimonious admeasurement of studies" to some definite future object, but by taking a wide and liberal compass, and thinking a great deal on many subjects with no better end in view, perhaps, than because the exercise is one which made them more "rational and intelligent beings." But this was not what had been thrust upon them recently in an ill-digested law relating to their profession, in an important Province of this Dominion, where their colleges and seminaries of learning have been degraded from their position. The graduate in arts who had completed his eight or nine years curriculum at any of their colleges should by that fact alone be qualified to enter upon the study of medicine. But, no, their universities may grant degrees in arts, while colleges and affiliated medical schools had over-ridden them and subjected the candidate to a new ordeal, from which he should be exempt. He quoted Newman in proof of this view. In the days of Samuel Johnson the physician was admitted to be the most cultivated and learned in any society. Could this be said to-day of many countries —of Canada? There were cases, and notably in Ireland, where the physician is still among the best educated gentlemen, and his social standard regulated accordingly. Dr. Stokes in a conversation had by with him (Dr. Hingston) in 1867, explained this by saying: "Nearly all our graduates in medicine are graduates in art. Of the last 98 all had degrees in arts." In some other countries the same conditiou of things obtains. Continuing on this theme, he discriminated in favor of a *liberal* as in contradistinction from a *crammed* education. They must be above their knowledge, not under it. It was with medicine as with politics. There were two classes of those—one versed in the science and art of government, and capable of an abstract view of the contentions of parties—the other, a mere transcript or copy of the last editorial in the journal of his party, and unequal to the methodically arranging or digesting facts. To which class should the guidance of affairs of the country be entrusted? He could easily anticipate their answer. It was a question of far more moment than party which the physician

was called to consider—the health and life of the people—and if the cultivation of the intellect was necessary when men were content to observe and base practice on observation, how much more necessary was it now when the most acute logical minds are sorely puzzled between what are scientific truths and bold and reckless assumptions? Here he remarked that this is unquestionably the age of bold, reckless—he had almost said impudent—assumption in matters of science. While it was generally conceded that "our ideas of the intrinsic elements that constitute beings in the physical as well as in the moral order are very limited and imperfect," they boldly assume the mutual dependence of things upon each other when we could logically establish nothing more than co-existence or succession, as if co-existence or succession necessarily implies connection or relation. He quoted the writings of Huxley and Spencer in proof of his statement. Speaking of synthesis in medicine, he quoted past events and the writings of Schenck, of Vienna, and later our own Erasmus Wilson, in support of it, saying that "the tyro in medicine has, or thinks he has, a half dozen remedies for every disease; but as experience is gained, he learns, and with advantage to his patients, to make a fewer number of remedies to suit a much greater number of disorders." He had always thought and the belief was strengthened with his years, that the work of grouping diseases for therapeutic purposes was yet to be done. He treated on the importance of state medicine which should investigate the air breathed, the water drank and all that pertains to our habits as communities—to protect the public health was the duty of state medicine. There could be no more important work than this. The work of educating communities and states was to be done through the people, and to the physician fell the philanthropic though perhaps somewhat thankless task.

Considerable discussion was elicited by Dr. Workman's paper on "Crime and Insanity," during which Dr. Brodie, of Detroit, remarked that the subject was one that had caused much discussion in the United States, and he rejoiced to have heard in the Canadian Association a paper so able as that

just read. It was a move in the right direction. The outcome of agitation on the subject had resulted in his State in the abolition of capital punishment, and the imprisonment for life instead. It had been since found that judicial murder would have been committed in several cases had the law of capital punishment been carried out. Several cases had been discovered where the murderer was found to have been insane, and a free pardon by the Governor was the result. As to the manner in which Judges and juries ignored the testimony of medical men, and the ridicule often cast by clever lawyers on physicians who disagreed in their testimony, it was to be deprecated, and was another illustration of the many difficulties that beset the path of medical practitioners. The question of insanity, he felt sure, was one that would shortly take precedence of all others, so much had attention been directed thereto, and the result could not but be beneficial. He was not aware whether or not the Legislators of Canada treated the advice of the medical profession with the contempt and disregard it received in his own country. If they did, however, the medical profession in the Dominion would be compelled, as their brethren in the United States have been, to seek other channels for the enforcement of their views.

Dr. Workman did not believe in the legislation that placed a free pardon in the hands of a person who had committed murder, whether sane or insane at the time, and was in favor of the law as existing in the Dominion, which turned the patient over to the care of the keepers of the insane asylum. He was not aware of any person in Canada, sane or insane, having been sent back to their families except one or two women who had killed their own children. As to men, if sane, and pardoned as insane, they would be the more dangerous to society afterwards; if insane, then there was the more necessity for their confinement for the public safety.

Dr. Brodie did not think it right to imprison a man for a deed committed while insane, and thought that not being responsible for his act, he should be discharged after a cure had been effected.

Dr. F. W. Campbell mentioned the case of a man in Ontario having been pardoned after confederation. He had been imprisoned as insane, after having cut his wife's throat. Being pardoned after Confederation, some friends of his sent him from Toronto to England, and when at Quebec on his way thither, having met a woman with whom he had been intimate at the time of his wife's death, he eloped with her to the United States.

At the close of this discussion it was moved by Dr. Hornibrook, seconded by Hon. Dr. Parker,—That in the opinion of this Association it is desirable in all criminal trials, when medical opinion suggests the probability of mental unsoundness, the accused should be placed under the supervision of experts for a sufficient time to enable them to determine whether he was insane or not at the time the crime was committed. Carried unanimously.

The meeting was brought to a close by a banquet given at the City Club on the evening of the second day. The local press is loud in its admiration of the practical manner in which the medical gentlemen disposed of both the viands and the toasts. "While medical training and experience made doctors men of few words, we can only add that it also enables them to express much wisdom and sound thought in brief sentences."

The Chair was occupied by Dr. Hingston, ex-President, and the Vice Chair by Dr. L. W. Campbell, Vice-President. Dr. R. P. Howard and Dr. Robillard acted as croupiers. The usual loyal and standard toasts having been drunk, were responded to, the toast, "The Guests of the Evening," eliciting replies from the Right Hon. Dr. Playfair, Dr. Taylor, Dr. Brodie, of Detroit, Hon. Dr. Parker, and Dr. Grant.

Dr. Workman of Toronto, was elected president, and Hamilton selected as the place of the next meeting. J. J. M.

British Medical Association.

The annual meeting of the British Medical Association was this year held in Manchester. Certainly Manchester is a rainy place, if last week's experience was at all a fair one. Fortunately Owen's College was large enough to hold all the sections and

furnish space for committee meetings, the annual museum, and exhibitions of various kinds, so that the showery weather, to put it politely, did not cause so much discomfort as it would have done had the various sections been in different buildings.

Those who arrived on the Monday went, as is the pious and dutiful practice of this Association, to church, and heard a sermon from the earnest and liberal minded bishop. This prelate is a tall, handsome, straight limbed man, whose physique is in harmony wiih his mind. His sermon gave great satisfaction to his audience. Then followed a general meeting, when Dr. Bartolome, of Sheffield, vacated the presidential chair in favor of Dr. Eason Wilkinson, the senior physician of the Manchester Royal Infirmary. In his address on taking the chair, the incoming president alluded feelingly to the loss the Association had sustained during the past year by the death of leading members,—Sir William Fergusson, Dr. Gibson, Mr. Southam, of Manchester, an excellent surgeon, and Mr. Whipple, who was president of the Association when it met at Plymouth in 1871. Instead of going into an account of the city, its development, the nature of its multifarious industries, and the ordinary staple material of presidential addresses, Dr. Wilkinson criticised the Royal Infirmary. And this he did, too, in no laudatory spirit, but frankly and candidly pointed out its defects and its shortcomings. Founded in 1752, it has gradually grown by additions from time to time to its present magnitude. Originally a plain brick building, it has been embellished by a Grecian front, which gives it an imposing aspect; only it is now surrounded by long shingle huts, which give more space, but æsthetically are great eye sores. He condemned the drainage, etc., in strong language; and a personal inspection of the place tells that the comments were none too stringent for the facts. From the drainage, upwards to the horrible forecastle-looking dens in which the nurses sleep, the place calls for condemnation in the strongest possible language. If good results are achieved in this hospital, it is by the skill and energy of its medical and surgical staff, and not by the arrangements of the building. The condition of the hospital and the question of its removal to a new

site and a modern building have recently created a warm discussion, and no observant person can but regret that the decision arrived at was to retain the old building on its present site.

In the evening a conversazione was held in Owen's College, and largely attended. On Wednesday morning the business of the meeting commenced in good earnest, and a bustling crowd gathered round about and in the handsome Owen's College. The address on Medicine was given by Dr. Wm. Roberts, F.R.S., the first physician in the provinces. A crowded audience was greatly gratified by the address, which was one of unusual ability. He took up the subject of the development of lowly organisms especially with reference to their relation to contagium. Some original experiments had been formed by him,—one set consisting of organic liquids which had been filtered under pressure through unglazed earthenware into sterilized flasks. The conclusions Dr. Roberts arrived at were as follows: "Organic matter has no inherent power of generating bacteria, and no inherent power of passing into decomposition;" "bacteria are the actual agents of decomposition;" and a third conclusion is, "the organisms which appear as if spontaneously in decomposing fluids owe their origin exclusively to parent germs derived from the surrounding media." He then pursued the subject into its practical aspects and its relation to the production of disease; but it is impossible to give any decent abstract of this portion of the address.

The address on Surgery was delivered by Mr. Spencer Wells, who referred with justifiable pride to the share he had had in establishing ovariotomy as a successful operation. His first case was performed in 1858, and in three years he had only had ten cases. Now, however, he has performed this operation in no less than 870 women. He generously admitted the success of Thomas Keith, of Edinburgh, who out of a total of 241 cases has saved no less than 206,—"a success hitherto unequaled in the history of any capital operation." Mr. Wells alluded to many interesting subjects as well as ovariotomy. Sir Wm. Jenner was president of the Medicine Section, and took for his address the subject of the object and uses of the Association.

He spoke of the "real common brotherhood" achieved by the Association, and of the good effects of social association; also of the intellectual improvement such meetings afforded. And when it is borne in mind that this Association numbers over seven thousand members, it can readily be conceived what a powerful body it is becoming. Men from different parts of the kingdom get to know each other personally, the bond of cohesion is strengthened by having a personal element introduced, and what value that element has, all political organizers know. The medical profession has been long without a voice, and it is only now finding one in the Association's journal. Of these seven thousand associates no less than fifteen hundred were present at this meeting, which is one of the largest yet held, so that what Sir Wm. Jenner said was apt and pertinent. The address, however, which attracted the most attention was that by Dr. J. C. Bucknill, president of the Section of Psychology. He chose for his subject "Confession: the Physician and the Priest," in which he criticised the practice of a number of the Church of England clergy who wish to re-establish auricular confession. These mimic priests, he declared, were not entitled to regard themselves as physicians. "Is the priest a physician? Is sin disease? Is sacramental confession the avowal of symptoms, penance treatment, and absolution cure? In the interests of society and our profession, I most emphatically deny not only the identity of these things, but that there is any real analogy between them. I assert that the physician is a naturalist, the priest a supernaturalist; that no sophistry can bridge the abyss between them." He said that "The Priest in Absolution," the new handbook of the revived confessional, was unlike any medical writings except those of the "manly-vigor quacks."

In consequence of the prominence recently given to this book, and the fact that no less than seven hundred clergymen of the Church of England have formed a society for the re-introduction of confession, the greatest attention was paid to Dr. Bucknill's remarks, and they formed the subject of much animated conversation among the associates afterwards. The Church has long adopted a distinctly hostile attitude to the pro-

fession; but now the profession is giving much of its attention to the Church in return, and especially in relation to psychology. In the sections themselves many excellent papers were read, and in the Medicine Section discussions were got up specially on thoracic aneurism and pleuritic effusion, but without eliciting anything new or adding to the stock of knowledge on these subjects. In fact, it may very much be questioned whether these displays of knowledge on given subjects are as really acceptable to the bulk of the members as the plan of reading papers promiscuously and leaving men to come in and discuss them or not, as they feel inclined. A great many papers were taken as read or portions only read, from lack of time.

On Friday morning the work commenced with an address on "Obstetric Medicine," by Robert Barnes. He first pointed out the changes wrought in the system by pregnancy, and showed how, in reality, pregnancy performed for us a number of most interesting experiments. Many of the complications of pregnancy which are usually regarded as maladies were really physiological actions, giving relief to the overcharged system. Not only were there such actions of a cataclysmic character, but more lasting actions were induced. Diabetes is present with many women during the period of gestation, disappearing when parturition is accomplished. This is a very interesting and suggestive fact. He summed up as follows: "As pregnancy is the test of soundness in the individual, it may be of all her blood relations too, so is pregnancy often a crucial test of the soundness of pathological doctrines." He then criticised very candidly the position of the College of Surgeons in England, who do not require midwifery for their pass examinations. Yet their license to practise enables its holder to attend as much as he likes to obstetrics. As I pointed out in my last letter, a man once on the register, he can practice any department he pleases. He thought the diseases and wants of women quite as worthy of study as the maladies of men; that it was most unjust to woman to leave her special requirements to be studied or not as the student pleased. He said, "We repudiate utterly the proposition that there is one standard which it is necessary to attain to qual-

ify for the treatment of men, and another, a lower standard, to qualify for the treatment of the diseases of women. The new doctrine that there is a special, an inferior kind of medical knowledge that is good enough to apply to the care of women, is the most transcendent of all medical heresies, the most flagrant wrong, the grossest insult, ever inflicted upon women."

The opening address of the Surgical Section was delivered by Mr. Edward Lund, of Manchester, who took up the subject of "The After-History of Surgical Cases." He said that we were "too apt to forget the old adage that 'the operation is but the beginning of the treatment.' Our patient leaves the hospital with a healed stump or a closed cicatrix, but who will tell us what shall be the fashion and utility of the former six or twelve months hence, or whether the tumor removed to-day is but the advance guard of an enemy of far more deadly import?" He then related the after-history of some major operations performed by him, the results being highly gratifying.

The Obstetric Section was presided over by Dr. Priestley, of London, who selected as the subject of his address "The History of Obstetric Medicine in Manchester." For a century now Manchester has held a prominent position in obstetrics. Dr. White wrote well on phlegmasia dolens in 1754, and Dr. Hull followed him in 1800 with a work on the same subject. The name of Dr. Radford will never be dissevered from Cæsarean section, while Mr. Kinder Wood's name is equally strongly linked with the detachment of the placenta in unavoidable uterine hæmorrhage- Dr. Roberton made a great study of the commencement of menstruation under varying circumstances, as well as of the use of midwifery instruments. Ovariotomy owes no little to Dr. Charles Clay; while Dr. Lloyd Roberts cleared up the subject of infantile leucorrhœa, which before his time had been thought due exclusively to carnal intercourse. Such are some of the more important contributions to obstetric medicine connected with Manchester.

An address was delivered on "State Medicine," by Dr. Arthur Ransome, on Tuesday evening, which was listened to with great attention. He pointed out several important matters to

be attended to by the State before our sanitary arrangements can be regarded as at all perfect.

The Report of the Scientific Grants Committee was read, and £300 granted for further research The work done by Professor Rutherford on the action of drugs upon the biliary secretion; of Drs. Braidwood and Vaches on the life history of contagium, illustrated by beautiful colored drawings; and the experiments of Dr. Milner Fothergill as to the antagonism of certain drugs,—all of which have appeared in the Association's journal during the last year,—tell of good work which the Association is doing in furthering scientific research in Great Britain. The flourishing condition of the finances of the Association permits of its doing much in this and other directions. Only a few years ago the Association struggled on under a load of debt, and every year the derision of its enemies was excited by its annual deficit; but this is all over now, and the balance sheet of this year shows already in hand a sum of about £3,500, of which £1,500 are invested to form the nucleus of a growing capital which will make the British Medical Association a most powerful body and one of the greatest weight for all hygienic and sanitary legislation. On the Friday the remaining work of the sections was cleared off by a massacre of the innocents, and the downfall of the hopes of many a man who had worked hard at his paper for some time before in the illusive hope of having it read and discussed by a full company of medical men from all parts. But really there was no help for it; and if more papers are sent in than can possibly be got through in time, some must be left unread, or the time must be extended,—which does not seem likely. While this unsatisfactory operation was being performed in the sections, the final general meeting was being held, and votes of thanks being proposed and carried, the hospitality of the people of Manchester being fully recognized and appreciated.

One feature of this meeting is the public breakfast given to the Association by the Temperance party, headed by Mr. Samuel Bowley. This is always a pleasant entertainment, and well attended. After a most substantial meal, Mr. Bowley begs the

medical men present to give their views on the temperance qnestion, the value of alcohol in the treatment of disease, etc. If the speeches made are not of the highest order of eloquence, and represent the rather crude views of the speakers, it still keeps the question alive, and especially amidst the profession. After breakfast was over, the writer went with some of the leaders of the party to see the working of a temperance public-house. It was a very successful imitation of an ordinary tavern, and the different colored syrups simulated closely the various alcoholic liquors which figure so conspicuously in public houses in this country. A cup of very fair coffee was furnished for a penny, a glass of respectable soda water for a halfpenny. The food offered was on the same reasonable scale; and on the whole the place deserves commendation as a step in the right direction. It is not a charitable affair, but is meant to pay, whatever else it may not do.

Demonstrations of various kinds were made by different professors in several parts of Owen's College. Boyd Dawkins illustrated the condition of pre-historic man. Osborne Reynolds did some beautiful experiments to illustrate the formation of vortex rings. Professor Charcot, of Paris, exhibited a series of sections of the cord in various diseases. Professor Ludwig, of Leipsic, was surrounded by a ring of leading physiologists, many of them old pupils, and looked indeed, what he is felt to be, the king of modern physiologists. But the honors of the meeting fell to an American, Dr. Lewis Sayre, of New York, who gave a demonstration of his method of treating spinal curvature by a cuirass of muslin bandage strengthened with plaster of Paris. So interested was the Association that he was requested to repeat it on another series of cases on the Friday, and the room was crammed to overflowing. Not being a surgeon, the writer can express no opinion about the value of this plan; but it was very highly applauded by competent surgeons. He was invited to give a demonstration at Liverpool on the Saturday, which, according to the *British Medical Journal*, was a complete success.

And then came the really festive part of the meeting, when

no pretence of work was thought of, even, and all gave themselves up to pleasure as if to make the most of it.

On Saturday morning the different excursions set out, the weather being delightful, just as if it wished to correct, to some extent, the evil impressions of the preceding days.—*Correspondence of Medical Times.*

Abstracts from Exchanges.

Practice of Medicine.

On the Management of the Bowels in Enteric Fever.—*(Dublin Journal Medical Science*, Feb. 7, 1877. *Braith. Retrospect*, July, 1877).—Dr. Grimshaw, physician to Steeven's and Fever Hospitals, Dublin, after criticising the conduct of others, both in their diagnosis and treatment of typhoid fever, describes, in a few words, his course of action in the management of the bowels. In the first place, he believes that they should be more frequently moved than in health, and that the motions should be plentiful. Four times in twenty four hours are not too often, and the patient should never pass more than forty-eight hours without a movement, and not so long if any symptoms of pain or distension set in.

To attain this result, mere regulation of the diet will frequently suffice. Thus, if the bowels are moved more than the required number of times without the diarrhœa being a severe symptom, feeding the patient on boiled milk alone will be sufficient ; if not, add saccharated lime water. If these remedies do not keep the diarrhœa within reasonable bounds—say, under six motions in the twenty-four hours—employ sulphuric acid in the proportion of ʒ3 to an ʒ8 mixture, one ounce to be taken every three hours.

His mixture usually contains quinine in a strong proportion. Should this fail, add morphia or tinct. opii to the mixture in small quantities. Never employ beef tea when there is a ten-

dency to excessive freedom of the bowels. In cases of extreme diarrhœa the lead and opium pills in four grain doses every fourth hour are employed with great benefit. At the same time employ linseed poultices over the abdomen, and stupes of turpentine where pain or tenderness is much complained of.

The treatment of constipation is a more easy affair. He employs a single drug—castor oil, and muzzles it with opium. A teaspoonful is the dose, and in many cases, but half that amount. On first seeing a patient, if the bowels have been confined for some days, he at once gives a dose of castor oil. This not only benefits the patient but in a doubtful case assists the diagnosis by often producing a characteristic evacuation. In convalescence, begin with chicken broth, then chicken, and lastly mutton. If temperature rises, diarrhœa may be expected and should not be waited for. Meat should be discontinued and milk resumed.

New Method of Treatment in Spina Bifida. *(Lancet. Canada Lancet*, July, 1877.)—A method of treatment which has several times proved successful in the hands of its originator, in a deformity of such fatality as spina bifida, is bound to commend itself to the attention of every surgeon. The former solutions of iodine employed were too diffusible. Dr. Morton, of the Glasgow Infirmary, recommends an iodo-glycerine solution, comprised of ten grains of iodine and thirty grains of iodide of potassium, dissolved in an ounce of pure glycerine. Varying quantities, according to the size of the tumor, are injected, but generally about half a drachm is sufficient.

Two precautions seem absolutely necessary: A medium sized trochar and canula must be used, because this fluid will not pass readily through a small canula; and the puncture must be carefully sealed up after the operation by collodion, or collodion flexile, lest the cerebro-spinal fluid should escape, and so cause the death of the child. The tumor should be injected slightly to one side of the mesial line and as near its upper part as possible. If necessary, it may be re-injected after the lapse of two or three weeks. Formerly Dr. Morton drew off the fluid

contents before injecting the sac, but his later experience would show that this is unnecessary. If, apart from the spina bifida, the child is sound and thriving, and there is no paralysis of limbs or sphincters and no other important deformity, a permanent cure may be reasonably expected; but in cases complicated with hydrocephalus neither this nor any other treatment is of much avail. Dr. Morton reports fifteen successful cases.

Intracardiac Organic Murmurs. *(Le Progres Medicale*, April and May. *Can. Jl. Med. Sciences*, July, 1877.)—The following conclusions are drawn from certain lately reported lectures of Cuffer:

1. All intra-cardiac murmurs, whatever they may be, are modified when the patient passes from the horizontal to the vertical position.

2. They are all diminished in the upright posture.

3. The vertical position lessens the bruit by causing, on the one hand, a change in the shape of the heart, and on the other, by producing variations in the arterial tension, in consequence of which the number and force of the cardiac contractions are altered.

4. All bruits are intensified in the horizontal posture; indeed, certain murmurs are produced only in this attitude

5. Inspiration causes an augmentation of cardiac souffles.

Sudden Death in Typhoid. (*Sanitary Journal*, July, 1877.)—Dr Dieulafoy has observed that sudden death in typhoid fever is far from being of very rare occurrence, as he has been able to collect the records of some fifty cases. On comparing these together, one fact is strikingly prominent—all the cases occurred at from the seventeenth to the nineteenth day of the course of *mild* typhoid fever. To explain these sudden deaths two theories have been advanced. According to the first of these a reflex influence in the intestinal canal reacts on the bulb, giving rise to an arrest of the heart's action and fatal syncope. The other theory explains death by a granulo-adipose degeneration of the muscular fibres of the heart. Knowing these facts, physicians and nurses may be especially watchful of their patients about this period.

Sewer Gases. *(London Lancet. Sanitary Journal,* July, 1877.*)*—Prof. Frankland has made another contribution to sanitary science by stating his conclusion, after repeated experiments, that sewage, in flowing through a sewer, however unpleasant the odor may be in the locality, cannot be sufficiently agitated to impregnate the circumambient air with suspended particles. But if sewage becomes stagnant, fermentation ensues, and the bursting of myriads of minute bubbles throws into the air particles of zymotic matter. If, therefore, sewage is constantly passing at a fair rate through the sewers, the air therefrom is comparatively harmless; but if it be allowed to remain long enough to putrify, danger to health may arise.

Arsenical Antidotes. (*Rep. de Pharm.*, 1876. *Boston Medical and Surgical Journal*, July 12, 1877.)—From some late experiments Rouyer has found that although the freshly precipitated sesqui-hydrate of iron is an antidote for arsenious acid, it has no effect in counteracting the action of sodic arseniate or potassic arsenite (Fowler's solution), but that a mixture of a solution of the sesqui chloride of iron and the oxide of magnesium will counteract the effect of these salts as well as the arsenious acid itself, and hence this mixture is always preferable to the hydrate in cases of arsenic poisoning. The officinal solution of the sesqui-chloride of iron should be first administered, and fifteen minutes afterward the magnesia oxide, given in the proportion of four grammes of the latter to one hundred cub. cent. of the former. In one hour after the administration of the antidote, a cathartic should be given. The ingestion of acid drinks and lemonade should be avoided during the entire treatment, since the compounds formed by the union are soluble in acids.

How to Deprive Iodine of its Stain. *(Ex. Am. Jl. Med. Sciences.)*—Add a few drops of carbolic acid to the tincture and it will not stain; moreover the tincture is more efficacious and its action more certain M. Boggs recommends the following formula for use in injections: Alcoholic tincture of iodine, 3 grammes; carbolic acid, 6 drops; glycerine, 30 grammes; distilled water, 150 grammes.

Physiology.

Diameter of the Red Blood-Corpuscles. (*L'Union Medicale*, June 23, 1877.)—M. L. Perier, in a recent communication to the French Academy of Sciences, gives the results of his examination of the red blood-corpuscles for medico-legal purposes. His observations were made upon the blood of subjects whose ages ranged from the first moments of extra-uterine life to four score years. He says that

1. The diameter of the red globules can vary from .0031 to .0103 of a millimetre from birth to old age, and that it can slightly exceed the last figure in some individuals.

2. The extreme types of .0103 for the large corpuscles (the giant globules of Hayem) and of .0031 to .0037 for the smallest are exceedingly rare. Those of .0103 were found but once and in a young girl of 19½ years; two infants just born and a little girl of eight months furnished the second type.

3. Globules of .0100 of a millimetre, which are found in great numbers in the first days of extra-uterine life, quickly disappear and are rarely afterwards seen. Those of .0045 are principally found in the children and the aged.

4. The great mass of the globules, laying aside all considerations of age, temperament, and condition of life, measure between .0050 and .0087 of a millimetre, or within the limits already established by former authorities.

5. The most numerous type, for its globules are always present, is represented by those of .0075. Those of .0087 come next in order of frequency. His observations thus far have not yet enabled him to place the other measurements in their serial order.

Disinfection by Heat. (*Medical and Surgical Reporter*, July 14, 1877.)—In a late address Dr. Seaton, of London, says: In disinfection by heat there are two objects to accomplish, viz.,

1. To insure the materials being raised throughout to a temperature that can be depended on,

2. To do this without singeing the goods.

Penetration takes place much more easily when the article

is dry; a horsehair pillow with the normal amount of hygrometric moisture, requires to be heated for eight hours. White wool, linen, cotton, silk and paper may be heated to 250° F., for three hours without apparent injury. A heat of 295° F., continued for about three hours, singes white wool (less so gray), white cotton, white silk white paper and linen, but does not injure their appearance materially. For penetration of heat into a bed an exposure of eight hours is required; 250° F. is the best and safest maximum heat to use. Good bed covers, such as are used in hospitals, bear at least six bakings without material change in aspect; a slight and gradually increasing brownish tinge occurs after many bakings, and after a time their appearance and strength are undoubtedly injured; blankets are less changed. The injury caused by periodical stoving of bedding, etc., such as that described above, does not amount to more than what may be called fair wear and tear.

The Lymphatic Vessels of the Choroid. (*Morano. Annali de Ottalmologie*, July, 1877.)—In examining the choroids of men and animals Morano frequently discovered upon the walls of the capillary vessels elements which have thus far apparently escaped observation, and which present, at first sight, the appearance of a peri-vascular membrane, similar to that found in other organs and particularly in the brain. After having preserved for some time in Beale's fluid the choroid of pups, sheep, cats, dogs and men, on examination the following facts were particularly noticeable in the sheep's choroid, in which the best injection of Prussian blue had been obtained:

The capillary vessels, whose walls were distended by the injection, were seen to be surrounded by a lymph sheath (a peri-vascular canal). Oval or circular nuclei were seen upon the walls themselves, but the lymph sheath consisted of spindle-shaped or oblong bodies, rich in protoplasma, which communicated with one another by means of processes. These bodies stand out convexly from the vessel wall, but externally they appear flat. In direct connection with these bodies are the connective tissue cells of the choroid; the latter are very large,

spindle-shaped or oblong, distended in the centre, with protoplasmic spots rich in pigment, and are apparently traversed by canaliculi. In all the canaliculated spaces a very finely granulated and pigmented substance was seen, which could be traced along the canaliculi even to the distended spaces of the cells of the lymph sheaths. It is therefore demonstrated that the connective tissue corpuscles stand in close relation to the elements of the lymph sheath and likewise form a connecting link between the capillary vessels.

Method for Estimating the Amount of Albumen in the Urine Clinically. (*Centralbl. fur Medicinisch. Wissensch.*, 196, No. 45. *Boston Med. and Surg. Jl.*, July 5, 1877.)—J. Stolnikow gives the following ready method: Dilute the urine with distilled water until a little of the mixture poured into a test glass just gives a white zone of coagulated albumen, when treated with concentrated nitric acid. The nitric acid should be added to the diluted urine as in performing Keller's test, and the test glass should be allowed to stand forty seconds, at the end of which time the zone should be visible. The calculation is then made by dividing the number of volumes of water required for this dilution, plus the volume of the urine, by two hundred and fifty, which will give the percentage of albumen in the urine. This relation was determined by a large number of exact quantitative analyses.

Obstetrics.

Milk Fever and Antiseptic Midwifery. (*Obstetrical Journal*, June, 1877. *Medical Record*, June 2, 1877.)—Dr. B. D. Taylor says that formerly he thought that milk fever was due to the rapid secretion of the lacteal fluid, but soon noticing that the symptoms never commenced until after the discharge from the uterus had become decomposed and offensive, it struck him that the chill, fever and sweating bore a strong resemblance to the symptoms of septicæmia and those of pyæmia developed in surgical cases. Acting upon this thought, he began the use of

antiseptics, and ever since that time so-called milk fever has been wanting in his practice.

Five or six hours after the delivery of the placenta he slips a bed pan under the woman, and injects into the vagina with a Davidson's syringe a quart or a quart and a half of warm water containing two or three per cent. of carbolic, or an equivalent proportion of salicylic, acid. He repeats this twice a day for four days, then once for three or more days, when it is no longer needed. There will be no odor to the discharge, nor will there be a symptom of fever, no matter how much milk there may be.

Post Partum Hæmorrhage—New Method of Using Perchloride of Iron.—Dr. Jas. Brisbane *(London Lancet)* in cases of post partum hæmorrhage applies to the bleeding surface of the uterus a sponge soaked with tincture of iron. The blood coagulates, the uterus contracts and the patient is out of immeate danger. At the following visit the sponge is found in the vagina.

All the apparatus needed is a two ounce vial of tincture of iron and a sponge. In all the cases thus treated—four—the results were all that could be desired.

Vaccination in America.—The following amusing article is a literal translation of one which appears in the 76th No. of *L'Union Medicale:* "The present fashionable distraction in America is a very original one, for the Yankees have given themselves up with great zest to vaccination parties. They give soirees, and instead of the time-honored custom of serving refreshments, varied assortments of vaccine matter are offered to the guests. At a parlor concert, for example, after the conclusion of each number of the programme, the particular doctors called by the host pass through the salons and instead of the usual whisper of the waiters 'does Madam or Sir desire an ice, a sorbet, a punch or a sandwich,' we hear, 'do you wish the virus from the child or that from the cow?' and each one answering according to his fancy or the degree of confidence which the remedy inspires, 'Give me three children and five cows,' or 'four cows and four children,' always confining themselves to

the orthodox eight incisions, which it behooves every good va c cination to possess.

Besides these services where the people are vaccinated, there are others where the vaccinated gather together to compare arms, and to note the success of the operation.

It is not a rare thing in America to-day, when a lady wishes to express her preference for a particular gentleman to hear her say, 'Oh we! why we were vaccinated together.'"

Surgery.

TREATMENT OF INFLAMMATION OF THE KNEE JOINT. *(L. Mayer, Bair. Arztt. Intelligenz Blatt*, 1877, No. 5. *Archives of Clinic Surg.)*—The author recommends the following therapeutical agents:

1. In acute synovitis: leeches, opium if indicated, compression and the ice-bag. Internally, a laxative of calomel. If, after three weeks, there still exists an exudation and limitation of motion, tr. iodine, elastic compression, and massage are advised.

2. In chronic synovitis, puncture and energetic compression.

3. In purulent synovitis, he makes an incision an inch long and uses Lister's drainage tube; also extension with weights of ten or fifteen pounds. In fungous synovitis (a) non-purulent; extension and injection of carbolic acid; (b) purulent, iodine; (c) with destruction of cartilage in children, opening of joint and gouging; in adults, resection.

4. Epiphyseal ostitis, ignipuncture at painful points of bone. When the bone is perforated, with destruction of articular surfaces, a resection should be made as soon as possible. (After Lister's method.)

A NEW AND SIMPLE DEVICE FOR FRACTURE OF THE PATELLA *(Clinic. Atlantic Medical and Surgical Journal*, July, 1877.)—Dr. M. E. Poynter recommends the following simple dressing, which he has used several times with the happiest re-

sults, as he was unable to detect after its use either separation or ligament between the fragments of the patella: Procure the top and bottom pieces of a cigar box; split off two pieces, two inches wide and hollow out one end of each to a semicircle (only a little shallower). Trim the board back of this somewhat into the shape of the handle of a paddle; take a few nails from the cigar box and fasten close to the hollow end of each of these pieces a block of wood an inch long and half an inch square. Groove out the block a little on the end away from the semicircle for the purpose of retaining a piece of cord, in the way of a pulley. You will next procure a straight board, to reach from the middle of the thigh to the middle of the calf, a roller and some lint or old muslin and a piece of stout cord, and you will have all that you will need.

Pad with the muslin the under surface of each of the short splints, and apply one above and one below the fractured patella, permitting the semi-lunar end to grasp its part of the bone accurately; line the long splint and apply on back of limb; let an assistant hold them so, whilst you apply a roller from the toes to the middle of the thigh, observing as you do so, that the short splints are in line on top of the limb. You can then bring the fragments together without much trouble by taking a couple of turns of a stout cord around the little blocks, and drawing gently but firmly on them. Tie the cord and you are done. The bones are held firmly in apposition, cannot readily be displaced, and if you have a compound fracture or much bruising of the soft parts, the whole surface is open for treatment. Put your patient on a crutch and send him out of doors; he need not be confined an hour.

Inoculation of the Cornea with Pus from the Lachrymal Sac. *(Centralbl. fur Augenheilkunde*, July, 1877. *Prof. H. Schmidt-Rimpler.)*—Hypopyon-keratitis appears to be directly dependent upon pre-existing blenorrhagia of the lachrymal sac. Inoculation of the cornea of pups with the secretion of catarrhal or granular conjunctivitis were without result, but specific purulent processes arose after inoculation with the muco-purulent

secretion of the lachrymal sac (110 experiments); at the same time (in 59 of the same) the influence of the so-called disinfectant agents was tested. For days after the mentioned inoculation a cheesy infiltration of the spot can be observed. In bad cases ulceration with its consequences, hypopyon and iritis, make their appearance. Therefore the opinion is a correct one that in man hypopyon-keratitis arises from the infection of an erosion through the secretions of the lachrymal sac. The infectious properties of these secretions is counteracted by a series of substances (chlorine water, salicylic and carbolic acids, alcohol, sulph. zinc.). In practice, chlorine water serves the best purpose.

De Wecker's Clinic, Paris. (*Centralbl. fur Augenheilkunde.*)—In De Wecker's report for 1876, 218 operations for extraction of cataract are reported; in one-half of the cases Græfe's method was employed and in the other the peripheric flap operation without previous iridectomy.

In the first series no suppuration occurred, but in seven cases there was closure of the pupil, which was relieved in the greater number by iridotomy; 18 cases S = 1. In the second series there were three cases of closure of the pupil, and three of suppuration of the cornea.

All cases in which there is increased tension, the first operation should be chosen, and also for cases of immature cataract and those complicated with thickening of the capsule. The second operation should be reserved for all other cases, and the flap should be taken from the lower segment.

Drainage of the eye was employed in 58 cases, 26 times for detachment of the retina and 12 times on account of absolute glaucoma. Wecker no longer uses the gold wire loop, employing in its stead prepared cat-gut.

The report also contains the notes of a case of congenital anophthalmos with a large cyst in the lower lid in a male infant of six months. The fluid of the cyst was a slightly alkaline, yellowish liquid, containing chlorates and an organic substance precipitable by hydrochloric acid.

Mental Diseases.

Curability of Insanity. (*American Journal Insanity*, April, 1877.)—Dr. Pliney Earle, Superintendent of the Northampton Massachusetts State Hospital, in an elaborate article upon this subject, reviews the matter historically by the examination of numerous reports of institutions for the insane, and shows that favorable deductions have been made from them, which really are not conclusive. Towards the close of his article he summarizes in the following words:

1. The reported recoveries from insanity are increased to an important extent by repeated recoveries from the periodical or recurrent form of the disease in the same pesson, and consequently—

2. The recoveries of *persons* are much less numerous than the recoveries of *patients* or *cases*; and consequently—

3. From the number of reported recoveries of *cases* or *patients*, it is generally impossible to ascertain the number of *persons* who recovered.

4. The number of reported recoveries is influenced, sometimes largely, by the temperament of the reporter, each man having his own standard or criterion of insanity.

5. The large proportion of recoveries formally reported, were *often* based upon the number of patients *discharged*, instead of the number *admitted*, and *generally*, upon the results in a number of cases too small to entitle the deduction therefrom of a general formula of scientific truth; and those proportions were evidently increased by that zeal and (for want of a better word) rivalry which frequently characterize the earlier periods of a great philanthropic enterprise.

6. The assumed curability of insanity as represented by those proportions, has not only not been sustained, but has been practically disproved by subsequent and more extensive experience.

7. The reported proportion of all cases received at the institution for the insane, has been constantly diminishing during a period of from twenty to fifty years.

Gynæcology.

Incision and Division of the Cervix Uteri for Dysmenorrhœa and Sterility. (*Am. Jour. Obstetrics*, July 1877.)—Prof. Pallen after reviewing the opinions of authorities upon this subject and giving the results of his experience, concludes his able paper upon this theme with the following remarks: "The operation is to be performed upon no case where any cellulitis exists, nor upon cervices of women laboring under any incurable affections of heart, lungs, liver, or kidneys, nor in surgical wards of large hospitals, nor by a surgeon who has been in attendance upon erysipelatous, diphtheritic, scarlatinous or puerperal diseases. With precautions against sepsis from within or contagion from without, with all of the instruments well cleansed, and with such conditions as are below mentioned, I regard incisions of the cervix as not only justifiable, but as the proper and necessary mode of treatment. a. In congenital stenosis of the cervical canal, in consequence of defective development or from faulty implantation of the vagina, the small conical neck with pin hole os. Bilateral operation.

b. In acquired stenosis of the cervical canal, the result of pathological change of cervical tissue substance, where the structure is hard in consequence of atrophy and induration of the connective tissue, with a diminution in size of the blood vessels and a permanent ischæmia—the elongated conical neck with variable os, but usually small. This condition is most usually attended by enlarged body and catarrhal inflammation of the endometrium. Bilateral operation.

c. In congenital anteflexion of the neck, usually mushroom-shaped, small, indurated and pale, with variable sized os, connected with catarrhal endometritis; and, if of long duration, fatty degeneration of, at site of flexion. Emmet's posterior section of the neck with division of the knuckle at flexure.

d. In acquired anteflexion of the neck, from hypertrophic inflammation of the anterior wall of the body, or from subinvolu-

tion of the entire organ, or from posterior cervical hyperplasia. Posterior section of the neck simply, occasionally an additional bi-lateral division at the internal os.

e. In the various forms of congenital or acquired partial atresia of the cervical canal.

f. In retroflexion of the neck, usually acquired. The operation is the converse of anteflexion above described, but having seen but two cases, I cannot formulate any rule.

Picric Acid for Sore Nipples.—Dr. Charrier (*Courier Medical, Canada Med. Record*, March 1877), recommends picric acid for sore nipples. After washing well with tepid water, he paints, by means of a camel's hair brush, the chapped surface, with a solution of picric acid, 4 to 4½ grs. to 1 oz. This is repeated every day. Besides which he directs the nipple to be held after each time of suckling in a glass filled with a weaker solution, 2 grs. to 1 oz. of picric acid.

Membranous Dysmenorrhœa. (*Obstet. Journal Great Britain and Ireland*, July, 1877.)—Dr. John Williams in a late paper read before the Obstetrical Society of London, after giving the records of fourteen cases of membranous dysmenorrhœa, publishes the following conclusions upon the pathology of this affection:

1. The dysmenorrhœal membrane is not the product of conception, but the decidua, ordinarily shed as debris with every menstrual epoch.

2. It is expelled as a whole, or in masses, in consequence of an excess of fibrous tissue in the wall of the uterus (fibrous tissue always perishes in mass instead of disintegrating); this excess is due to imperfect evolution at puberty, imperfect involution after parturition, or abortion, or is the product of acute inflammation.

3. The membrane is neither the result of a ovarian condition nor of an hypertrophy of the ordinary decidua.

4. The chronic inflammation present is the result of the monthly expulsion of the decidua in masses from the uterus and plays an accidental part only in the formation of the membrane; the inflammation may, however, be independent of the expulsion of the membrane, but it has no causal relation to the formation of the latter.

5. Sterility is not necessarily connected with the affection, but is the result of the condition induced by the expulsion of the membrane in masses from the uterus—inflammation of the uterus and ovaries.

6. The membrane may be expelled without pain.

7. Inflammation of the uterus greatly agravates the suffering caused by the passage of the membrane along the cervical canal.

8. Great relief may be obtained by curing the inflammation of the cervix, though the membrane continues to be expelled every month.

9. In order to effect a cure the structure of the whole of the body of the uterus must be altered; the *excess of fibrous tissue must be removed.*

Editorial.

NOTICE TO CORRESPONDENTS, ETC.—Communications intended for publication, and books for review, should be addressed to "Editors of Detroit Medical Journal, care of E. B. Smith & Co., Detroit."

All remittances of money, all letters on the business of the JOURNAL, pertaining to subscriptions or advertisements, should be addressed exclusively to the publishers, E. B. Smith & Co., corner Fort and Griswold Streets, Detroit, Mich.

Original Articles, Reports of Medical Societies, Observations, Correspondence, News, etc., of general interest, are respectfully solicited from every source. Articles should be practical and carefully prepared.

The Editors will not be responsible for statements made over the names of contributors.

The Specimen-Copy Man.

With its occasional amenities the position of editor of a medical journal, like most other avocations in life, has its vexations, and among these few are more irritating than the perennial applicant for specimen copies. Very seldom does a mail

reach us wanting the missive whose device is "Please send me a specimen copy of your valuable journal." Earlier in our journalistic experience we were wont to allow ourselves to be flattered by these requests, coming, as they do, from all parts of the compass, and from regions remote. We laid the flattering unction to our soul that we were becoming "extensively and favorably known" to the profession. It did not take us long, however, to become convinced that we were being imposed upon and that the specimen-copy man was a fraud of the first water. We have yet to have our heart made glad by a dollar of the specimen-copy man's money, and the conviction has become most thoroughly grounded that the individual is the meanest kind of a dead-beat, and the only thing we regret, in this connection, is our inability to communicate to every member of the genus our opinion of him.

We suspect strongly that our contemporaries are contributing to the propagation of this nuisance from the fact that it has latterly been assuming more alarming proportions. Times are hard, but even the specimen-copy man feels his need of a journal, and with the aid of a package of postal cards (he was never known to send a postage stamp for return postage) he seeks to lay in his stock of periodicals. Unless he met with encouragement from some quarter we cannot but think that even his audacity would wear itself out. Let there be a general shutting down on this nuisance that it may soon be exterminated from the land.

Memoranda.

Dr. Joseph D. Bryant is Prof. A. B. Crosby's successor at Bellevue Medical College. Prof. Pooley, of Columbus, O., completes Prof. Crosby's course at Dartmouth.

The authorities of St. Mary's Hospital have opened a new infirmary for the treatment of Diseases of the Eye and Ear. It is in the charge of Dr. Eugene Smith, Oculist and Aurist to the Hospital.

Dr. J. H. Bundy in the "New Preparations," details his observations in the use of new drug, the berberis aquafolium. The plant grows on the Pacific Coast, and from the Dr.'s observations is of value in the treatment of syphilis, and as a general tonic.

The Cincinnati College of Medicine and Surgery announces but one Regular Course for 1877-78. Its former spring and summer course is abolished. This is a practical evidence that it intends to conform to the "Articles of Confederation" of the "American Medical College Association."

The Medical Profession living in, or visiting at Detroit are cordially invited by the Fraternity of Detroit Medical College to attend such lectures or clinics as they may desire. The preliminary term opened Sept. 5th, and the Regular term Oct 3rd. A card giving the order of work for the coming terms will be promptly furnished on application to the Secretary.

Dr. Carl Michel's work on "Diseases of the Nasal Cavity" has been translated by Mr. C. Jung of Detroit and will shortly be issued from the press. The subject is one of ever present interest to the dwellers in our climate. Dr. Michel's reputation in this branch of investigation is well known to all German students and insures a treatise of interest and positive value.

The fourth edition of Naphey's Therapeutics, published at the beginning of the present year is entirely exhausted. The fifth edition is in active preparation. The work will be thoroughly revised and largely increased so that the new edition will be bound in two volumes of about 500 pages each. Volume one will treat of Medical Therapeutics. They will be printed on tinted paper of the best style.

The total mortality for August in Montreal was 444, exclusion of still-births. This is 164 less than the preceding month and 97 less than the corresponding month of last year. This represents an annual ratio of 39-60 per thousand of population, estimated at 134,500. Of these deaths, 328 were among children. Zymotic diseases are charged with causing 193

deaths, of which dysentery, cholera infantum, and diarrhœa are accredited with 123. When we remark that the annual death rate of Detroit, with its estimated population of 115,000, is less than 20 per 1,000, still-births included, some idea may be formed of the comparative healthfulness of the two cities.

The *American Medical Weekly*, in the following terms calls attention to one of the impositions practiced on the medical profession: "One of the great evils and nuisances at the present time is the frequent application of life insurance companies to physicians for gratuitous opinions as to the capacity and efficiency of medical men applying for the position of medical examiners. It is time for the profession to cut short this system of polite mendicancy. The information sought is solely for the benefit of the insurance company and should never be given unless a fee of at least five dollars be transmitted with the official request. Many companies assert that the information is asked of a physician for the benefit of his professional brother. This is only adding insult to injury; it is assuming that physicians can be so stupid as to believe any such fraudulent statement. Stop the nuisance; insist on the fee or refuse the information for which the company disreputably begs."

Book Notices.

Any book noticed herein may be had of E. B. Smith & Co., Publishers and Booksellers, Detroit, Mich.

THE PRACTITIONERS' REFERENCE BOOK. ADAPTED TO THE USE OF THE PHYSICIAN, THE PHARMACIST AND THE STUDENT, BY RICHARD J. DUNGLISON, M. D. Cloth; pages, 850. 1877. Philadelphia: Lindsay & Blakiston. Price, $3.50.

As indicated by its title, this work is solely a compilation of facts usually scattered through a variety of books and medical

journals. Its presentation of the various weights and measures in their relation to one another and specially to the medical system is clear and conveniently arranged. Among the other subjects introduced are the solubility of medicines, comparison of thermometrical scales; abbreviations in common use; dietetic rules and precepts; details for conducting a post mortem examination; examination of the urine; methods of restoring the drowning; rules for the management of infants; obstetric memoranda; doses of medicine in every form and to every age, sex or weight in patient.

All these and a variety of other facts are collectively arranged for the convenience of those who are so ignorant of their libraries as to be unable to refer to them in the special books or journals from which they are taken, or of those who do no like to be troubled. The mechanical execution of the volume harmonizes with the habitual good taste and skill of the publishers. L. C.

The Physiology of Sugar in Relation to the Blood. By H. W. Pavy, M. D., F. R. S. Paper; pages, 15. London: C. W. Reynell.

The author shows what he regards as serious defects in Bernard's process for detecting sugar in the blood. Then he presents what he calls the gravimetric process. This consists of three stages. The blood is first mixed with sulphate of soda and heated to separate the albuminous and coloring matters. The liquid is then separated and the coagulum well washed to remove all the sugar. Boiling with an excess of the copper solution is then performed, and the reduced oxide afterwards collected and dissolved by the agency of an acid. In this solution a cylinder of platinum foil is immersed for the purpose of receiving the copper, removed by means of galvanic action. Weighing the copper before and after the operation gives the weight of the deposited copper, and from this may be calculated the amount of sugar which has affected the reduction of the cupric oxide." By this method he found that when blood was taken immediately at death from the sheep and bullock it

contained one part of sugar in 2000, and in the dog one and one half parts in 2000.

He further found that there was little if any difference between the amount of blood in the arteries and veins. L. C.

FAT AND BLOOD AND HOW TO MAKE THEM. By S. WEIR MITCHELL, M. D. Cloth; pages, 100. 1877. Philadelphia; J. B. Lippincott & Co.

This little work is an amplification of the author's lecture on "Rest in the Treatment of Nervous Diseases," published last year in Sequin's series of Clinical Lectures. His experience proves that a certain class of cases, incurable by ordinary methods, can be permanantly cured by the *systematic use* of *absolute rest* of massage, of electricity, and of abundant feeding. The work is worthy of the most careful consideration by all practical physicians. L. C.

NURSE AND PATIENT, AND CAMP CURE. By S. WEIR MITCHELL M. D. Cloth; pages, 75. 1877. Philadelphia: J. B. Lippincott & Co.

These two essays are reprinted from Lippincott's Magazine. They are charmingly written and withal very suggestive to every thoughtful reader. He first points out the peculiar dangers that beset the nurse in caring for the sick, especially those gradually wasting under a chronic disorder. Few physicians but will recognize the accuracy with which he depicts the load that such masses are called to endure. The remedies suggested seem to us in the main, both practical and wise. Camp Cure is the title to cover the author's observations and experience upon the value of vacations to professional, business and other overworked persons. These vacations, he thinks, are best spent in the wilderness imitating the easy, careless life of the Indian. Those who, with congenial spirits, have sought the wilderness for rest, in rowing, fishing, hunting, bathing, botanizing or searching for mineral shells, etc., etc., will, in Dr. Mitchell's pen sketches, find a renewal of their old life. L. C.

THE PHYSICIANS VISITING LIST FOR 1878. Philadelphia: Lindsay & Blackiston.

This old and popular list is already issued for 1878. It is presented in a variety of styles and sizes to suit all customers.

JOINT DOCUMENTS OF THE STATE OF MICHIGAN FOR THE YEAR 1876. Volumes I. and II., also the REPORT OF THE MICHIGAN STATE POMOLOGICAL SOCIETY. All of these volumes are issued by the State Printer, W. S. George & Co., Lansing, Mich.

TRANSACTIONS OF MICHIGAN STATE MEDICAL SOCIETY FOR 1877.

We gave so full a report of the Annual Meeting in our June issue that further notice is uncalled for.

Meteorological Report of Detroit for August, 1877.

BY C. HENRI LEONARD, M. D., OBSERVER FOR STATE BOARD OF HEALTH.

A HOT, HAZY AND RAINY MONTH.

BAROMETER.—Highest, 30.150; lowest, 29.626; daily average, 29.886; range, .524.

TEMPERATURE.—Highest, 88; this was on the 1st; lowest, 56; this on the 15th; daily mean, 71.6; range, 32.

The temperature last month was both lower and higher by two degrees than this month; the daily average last month was less than one degree higher than that of this, although it was the hottest July we had had in years.

This has been a *hotter* August than usually falls to our lot; the daily mean in '73 was 70.1 degrees; in '74, 67.9; in '75, 67.1; in '76, 72.1 degrees. The highest August temperature recorded in the past five years was in '76; then the mercury registered 93 in the shade. The lowest August temperature was in '75; then 45 degrees was registered.

WINDS.—The prevailing direction has been S. W.; for fourteen days out of the month the wind was in that direction. The total number of miles traveled was 3,774; a falling off of some

400 miles from last month. The day of highest wind was the 26th; then 177 miles was registered; the lowest, the 17th; then but 80 miles were registered. 15 miles was the highest rate per hour; this was on the 31st.

CLOUDS.—Clear days, 12; cloudy, 8; rainy, 16.

RAINFALL.—Total precipitation was 7.29 inches—an enormous amount for a usually dry month. The highest precipitation was on the 31st; the 2.02 inches of rain fell. On the 10th and on the 23d over an inch fell. The rainfall this month was about *five times* that of last month.

In 1873 we had but 0.29 of an inch in the whole month; in '74, 2.10; in '75, 6.04; in '76, 2.46.

MOISTURE.—Largest amount present was at the evening observation of the 23d and the morning observation of the 28th; then 7.86 grains were present. At nine other observations the amount was above seven grains. On *nine* days the daily average temperature was higher than that when the greatest amount of moisture was present (the 28th). For the first time the highest "relative" humidity corresponds to the time of the highest "absolute," viz., on the 28th. The heaviest pressure of vapor was on the evening of the 23d and the morning of the 28th (times when absolute humidity was highest); it was then .715 of an inch.

OZONE.—Maximum coloration on the 28th and 29th; it then read No. 2 of the scale.

Recently we received specimens of exposed test paper from one of the other State observers. It was very noticeable for the increase of ozone, as is always the case in the country, there being less material in the air to neutralize the ozone. In the city the gas from coal is one of the great neutralizers of the action of ozone. On the test paper that has been colored considerably on one day's exposure if continued exposed for the succeeding twenty-four hours the color will often be much lessened, if not entirely absent. This is apt to be the case if the weather of the second day be "lowering," as the coal smoke is then not carried off.

HAZE—Was noted at twenty-four observations.

WORLD'S FAIR MEDAL,

PHILADELPHIA, 1876.

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To Wm. R. Warner & Co.,

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ALOES ET FERRI. Tonic Purgative. Dose, 1 to 3.	Pulv. Aloes Socot...1-2 gr. Pulv. Zingib. Jam....1 gr. Ferri Sulph. Exsic....1 gr. Ext. Conii.....1-2 gr.	$ .40
ALTERATIVE. (Dr. C. C. Cox.) Dose, 2 to 4.	Mass. Hydrarg..... Pv. Rhei..... Sodii Bi. Carb.....aa. 1 gr.	.50
ANODYNE. Dose, 1 to 2.	Pv. Camphoræ .....1 gr. Morphiæ Acetat...1-20 gr. Ext. Hyoscyami.....1 gr. Ol. Res. Capsici...1-20 gtt.	.75
ANTI-PERIODIC. Dose, 1 to 3.	Cinchonidiæ Sulph...1 gr. Res. Podophylli....1-20 gr. Strychniæ Sul.....1.33 gr. Gelsemin ....1-20 gr. Ferri Sulph. Exs....1-2 gr. Ol. Res. Capsici...1-10 gtt.	.80
CAMPHOR ET EXT. HYOSCYAMUS. Dose, 1 to 2.	Camphoræ.....1 gr. Ext. Hyoscyami Eng .1 gr.	.50
CATHART.: Comp., U. S. P.....		.50
CATHART.: Comp., Vegetable. Dose, 2 to 3.	Podophyllin, Scammony... Ext. Colocynth..... Aloes, Soap and Cardamon	.50
CATHART.: Comp., Cholagogue. Dose, 1 to 3.	Res. Podophylli.....1-2 gr. Pil Hydrarg.....1-4 gr. Ext. Hyoscyami ....1-8 gr. Ext. Nuc. Vom....1-16 gr. Ol. Res. Capsici... 1-8 gtt.	.50
EMMENAGOGUE. Dose, 1 to 3.	Ergotine.....1 gr. Ext. Hellebor Nig....1 gr. Aloes Soc.....1 gr. Ferri Sul. Exs.....1 gr. Ol. Sabinæ.....1-2 gtt.	1.40
FERRI IODID. Dose, 1 to 2 ... .1 gr.		.80
FERRI ET STRYCHNIA CIT. Dose, 1 to 2.	Ferri Cit.....1 gr. Strych. Cit.....1-50 gr.	.75
IODOFORM ET FERRI. Dose, 1 to 2.	Iodoform .....1 gr. Ferrum. .....1 1-4 gr.	2.50
NEURALGIC. (Brown-Sequard.) Dose, 1 Pill.	Ext. Hyoscyami.....2-3 gr. Ext. Conii .....2-3 gr. Ext. Ignat Am.....1-2 gr. Ext. Opii.....1-2 gr. Ext. Aconiti.....1-3 gr. Ext. Cannab. I.....1-4 gr. Ext. Stramon.....1-5 gr. Ext. Bellad.... ....1-6 gr.	2.00

PRICE PER 100

NEURALGIC. Dose, 1 to 2.	Quiniæ Sulph.....2 gr. Morphiæ Sulph....1-20 gr. Strychniæ.....1-30 gr. Acid Arsenious.....1-20 gr. Ext. Aconiti.....1-2 gr.	0 $3.0
OPII ET CAMPHORÆ ET TANNIN. Dose, 1 to 3.	Pulv. Opii .....1-4 gr. Camphoræ..... ....1 gr. Acid Tannic.....2 grs.	.80
PHOSPHORI.....1-25 gr. 1-50. 1-100 gr.		1.00
PHOSPHORI COMP.	Phosphorns .. ...1-100 gr. Ext. Nuc. Vomicæ ..1-4 gr.	2.00
PHOSPHORI ET NUCIS VOMICÆ.	Phosphorus.....1-50 gr. Ext. Nuc. Vomicæ..1-4 gr.	2.0
PHOSPHORI ET FERRI ET NUC. VOM.	Phosphorus .....1-100 gr. Ferri Carb. (Vallet's), 1 gr. Ext. Nuc. Vomicæ..1-4 gr.	2.00
PHOSPHORI ET FERRI ET QUINIÆ.	Phosphorus .....1-100 gr. Ferri Carb. (Vallet's), 1 gr. Quiniæ Sulph.....1 gr.	2.90
PHOSPHORI ET FERRI ET NUC. VOM. ET QUINIÆ.	Phosphorus .....1-100 gr. Ferri Carb. (Vallet's), 1 gr. Ext. Nuc. Vom.....1-8 gr. Quiniæ Sulph.....1 gr.	2.90
QUINIÆ COMP. Dose, 1 to 2.	Quin. Sulph.....1 gr. Ferri Carb. (Vallet's) 2 grs. Acid Arsenious ...1-60 gr.	1.75
QUINIÆ ET FERRI ET STRYCH. PHOS. Dose, 1 to 2.	Quinia Phos.....1 gr. Ferri Phos.....1 gr. Strychniæ Phos....1-60 gr.	1.75
RHEI COMP. U. S. P. Dose, 2 to 4.	Pulv. Rhei.....2 grs Pulv. Aloes Socot.1 1-2 grs. Myrrh.....1 gr. Ol. Menth Pip.....	.75
SEDATIVE. Dose, 1 to 2.	Ext. Sumbul.....1-2 gr. Ext. Valerianæ.....1-2 gr. Ext. Hyoscyami... .1-2 gr. Ext. Cannab Ind...1-10 gr.	.75
TONIC. Dose, 1 to 2.	Ext. Gentianæ.....1 gr. Ext. Humuli.....1-2 gr. Ferri Carb. Sacch...1-4 gr. Ext. Nuc. Vomicæ.1-20 gr. Res. Podophylli:...1-25 gr. Ol. Res. Zingiber..1-10 gtt.	.60
TRIPLEX. Dose, 2 to 4.	Aloes Socot.....2 grs. Mass. Hydrarg .....1 gr. Podophyllin..... ..1-4 gr.	.75
PODOPHYLLIN, COMP. Cathartic, Tonic. Dose, 1 to 2.	Podophyllin.....1-2 gr. Ext. Hyoscyam.....1-8 gr. Ext. Nuc. Vomicæ.1-16 gr.	.75

☞ *Complete Price-List mailed on application.*

WM. R. WARNER & CO., 1228 Market St., Philadelphia, Pa.

Special attention given to Medical supplies for Physicians and Hospitals. Pills mailed on receipt of list price

CAUTION!!—SPECIFY McKESSON & ROBBINS'.

The Spheroidal or Capsule shape of McKesson & Robbins' Pills is the best adapted to the throat, and obviates the sickening sensation so universal in swallowing a round Pill.

McKesson & Robbins'

PILLS AND GRANULES,

OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULÆ,

GELATINE-COATED,

Process and Machinery Patented.

91 & 93 Fulton, 80, 82 & 84 Ann Streets,

NEW YORK.

A physician in St. Louis, who has for some time been using our Pills, prescribed "Gelatine-Coated Phosphorus Pills, $\frac{1}{50}$ gr.," intending to have the McKesson & Robbins Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name McKesson & Robbins upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "McKesson & Robbins' G. C. Pills" in full upon their prescriptions and add, "send no others." We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

McKESSON & ROBBINS' GRANULES, Gelatine-Coated.

Arsenious Acid ..... 1-50, 1-40, 1-30, 1-20 gr.
Atropia ..... 1-60 gr.
Corrosive Sublimate ..... 1-40, 1-30, 1-20 gr.
Digitalia ..... 1-60 gr.
This is prepared in our own laboratory and can be confidently relied upon.
Mercury, Bin-Iodide ..... 1-25, 1-16 gr.
Mercury, Proto-Iodide ..... 1-5, 1-4 gr.
Morphia, Acetate ..... 1-8, 1-4 gr.
Morphia, Sulphate ..... 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphia, Valerianate ..... 1-8 gr.
Strychnia ..... 1-60, 1-40, 1-30 gr.
Sulphur, Iodide ..... 1-25, 1-10 gr.
Zinc, Phosphide ..... 1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons; and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances, so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our granules have been appreciated and are being extensively used by the profession. Be careful and see that "McKesson & Robbins" is on the label.

Therapeutical Notes on some Specialties in McKesson & Robbins' Pills, (Gelatine-Coated).

PHOSPHORUS, ... 1-100, 1-50, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while Sugar, owing to its crystaline nature, is very porous and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent Physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, McKesson & Robbins' Pills, both $\frac{1}{60}$ & $\frac{1}{100}$ gr.

PHOSPHORUS COMPOUND AND IRON, McKesson & Robbins' Pills.

ERGOTIN PILLS, ... 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynæcology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one ounce bottles.

PHOSPHATES IRON, QUININE & STRYCHNINE PILLS.

Each pill represents an equivalent of about two teaspoonfuls of Elixir, and is a much more preferable form, in being more agreeable to take and not objectionable to the weakest stomach, when Syrup or Elixir are rejected. As a tonic, this pill is deservedly popular. We also offer Iron, Quinine and Strychnine Pills, the Iron being in the form of Quevenne's or reduced by hydrogen.

EXTRACT SUMBUL, (Musk Root,) ..... 1 gr.

This drug has for some time been extensively used in Russia, and for several years in England and America, in the treatment of hysteria and general spasmodic disorders, particularly in that class of cases where assafœtida has heretofore been much used. Those most experienced in its use claim that it possesses great merit. (Dose, 2 to 3.)

SALICYLIC ACID PILLS, ... 2½ and 5 grs.

Our pills present the best form for administering this now very important remedy, which has proved so efficacious in Rheumatism, and which is also extensively used as an Antiseptic and Febrifuge. It is claimed that the solutions, formed by the use of Sodium, Ammonium and other salts, produce combinations which do not represent the full value of the free Acid.

EXTRACT GRINDELIA ROBUSTA PILLS, ... 3 grs.

The Solid Extract is of our own manufacture and is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

EXTRACT GUARANA PILLS, ... 3 grs.

This Solid Extract is also manufactured in our own laboratory, and is many times the average strength of the drug. We offer these Gelatine-Coated Pills with confidence in their being the only accurate mode of preparing this widely used and much appreciated remedy, as the *drug* varies so much in strength; some preparations in the market have been found to consist largely of impurities. We carefully test each shipment we receive, and our Solid Extract is of superior and uniform quality. The value of Guarana, in many phases of sick, nervous and sun headache, as well as in Neuralgia, and in irritations of the mucous membrane, has become well known to practitioners, and its happy effects, in Diarrhœa, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

CAUTION!!—SPECIFY McKESSON & ROBBINS'.

QUININE, SULPHO-CARBOLATE, ... 1, 2 and 3 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

PHOSPHIDE ZINC, ... 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond, (see Dr. H.'s last book,) Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia, (see paper by Dr. Adolphus, St. L. Med. Jour., XIII, 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

PHOSPHIDE ZINC AND NUX VOMICA, (Hammond's formula.)

IODIDE OF IRON, (Blancard's formula,) ..... 1 gr.

Preferable to the Syrup and much more soluble and active than the imported pills, which are coated with a resin, and are usually very old before they reach the consumer.

MONOBROMATED CAMPHOR, ... 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in infantile Convulsions from teething; Hysteria, Headache from over study or nervousness and Nymphomania. (Dose, 3 to 4 grs.)

QUININE, SULPHATE & BI-SULPHATE, ¼, ½, 1, 1½, 2, 3, 4 & 5 grs.

McKesson & Robbins' Quinine Pills are well and favorably known, having displaced the use of other pills in New York and all parts of the country. The fact that they always yield more speedy and satisfactory results, and the ease, with which even a child can take them, have aided in making them the favorite pills. Several physicians have related to us cases—particularly of Diphtheria—where they found it impossible to administer the round pill, but the patients swallowed McKesson & Robbins' Pills without difficulty. We call special attention to our five grain Quinines, which, owing to form and nature of coating, are as easily swallowed as the ordinary two grain. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of sulphuric acid, thus rendering the officinal sulphate much more soluble, a decided advantage over the ordinary Quinine Pills. See Am. Jour. Pharm., XXV, 292.

QUININE, CARBOLATE, ... 1 gr.

QUININE, SALICYLATE, ... 1 gr.

QUININE, VALERIANATE, ... ½ gr.

CINCHONIDIA, SULPHATE, ... 1, 2 and 3 grs.

Now coming into extensive use. McKesson & Robbins' Pills have proved the best form for administering it.

COMPOUND HYPOPHOSPHITES PILLS, (Lime, Soda, Potassa and Iron.)

Form the best possible medium for administering this remedy, which occupies so prominent a place for the treatment of lung diseases and bronchial affections.

DOVER'S POWDER PILLS, ... 2½ and 5 grs.

Affording an agreeable medium for the administration of this exceedingly nauseous compound, the value of these Pills will be readily seen by Physicians.

LACTO-PHOSPHATE OF LIME PILLS, ... 5 grs.

This form possesses many advantages over the Syrup. Used with much success in Dyspepsia.

PEPSIN, BISMUTH AND STRYCHNINE PILLS, ... 5 grs.

Representing this combination in the most agreeable and reliable form.

SOLIDIFIED COPAIBA WITH OLEO-RESIN CUBEB PILLS, ... 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas of 3,000 or more Pills, made and coated to order.

McKESSON & ROBBINS, 91 Fulton St., New York.

CAUTION!!—SPECIFY McKESSON & ROBBINS'.

Formulas of McKesson & Robbins' Pills, (Gelatine-Coated).

Acid, Arsenious....1-50, 1-40, 1-30 and 1-20 gr.
*Acid, Salicylic.....2 1-2 and 5 grs.
Aloes, U. S.....4 grs.
Aloes and Assafœtida, U. S.....4 grs.
Aloes and Iron.....3 grs.
{ Pulv., Aloes, Soc., 1-2 gr.
Pulv., Zinglb. Jam., 1 gr.
Ferri, Sulph., Exsic., 1 gr.
Extract, Conii, 1-2 gr. }
Aloes and Myrrh, U. S.....
Aperient.....
{ Ext., Nucis Vom., 1-3 gr.
Ext., Hyoscyami, 1-2 gr.
Ext., Coloc. Comp., 2 grs. }
Assafœtida.....2 grs.
{ Assafœtida, 1 1-2 grs.
Pulv., Saponis, 1 2 gr. }
Assafœtida, U. S.....4 grs.
{ Assafœtida, 3 grs.
Pulv., Saponis, 1 gr. }
Assafœtida and Nux Vomica.....
{ Assafœtida, 3 grs.
Ext., Nucis Vom., 1-4 gr. }
*Atropia.....1-60 gr.
*Belladonna Extract.....
½ gr.
Bismuth, Subnitrate.....3 and 5 grs.
Blue Pill, U. S.....1, 3 and 5 grs.
Calomel.....1-2, 1, 2, 3 and 5 grs.
Camphor and Henbane.....
{ Camphora, 1 gr.
Ext. Hyoscyami, 1 gr. }
*Camphor, Mono-Bromated.....2 and 3 grs.
Cannabis Indica Extract.....1-2 gr.
Cathartic Compound, U. S.....
Cathartic Vegetable.....3 grs.
{ Ext., Col. Comp., pulv., 1 1-2 grs.
Res., Podophylli, - - 3-8 "
Res., Leptandræ, - - 1-8 "
Jalapæ pulv, - - - 1-4 "
Aloes Socotrin pulv. - 1-2 "
Ext., Hyoscyami, - - 1-4 "
Ol., Menthæ Pip. }
Chinoidine.....1-2, 1 and 3 grs.
Cinchonia, Sulphate.....3 grs.
Cinchonidia, Sulphate.....1, 2 and 3 grs.
Colocynth, Comp. Extract.....3 grs.
Colocynth, Ipecac and Blue.....
{ Ext. Coloc. Comp., pulv., 2 grs.
Pulv. Ipecacuanhæ, 1-6 gr.
Pil., Hydrarg., 2 grs. }
Cook's.....3 grs.
{ Pulv., Aloes, Soc. 1 gr.
Hydrarg., Chlor., Mite, 3-4 gr.
Pulv., Rhei., 1 gr.
Pulv., Saponis, 1-4 gr. }
Copaiba.....3 grs.
Copaiba and Oleo-Resin Cubebs.....3 grs.
{ Pil., Copaibæ, 2 grs.
Oleo-Resin Cubebæ, 1 gr. }
Copaiba and Oleo-Resin Cubebs.....5 grs.
{ Pil., Copaibæ, 3 grs.
Oleo-Resin Cubebæ, 2 grs. }
*Corrosive Sublimate....1-40, 1-30 and 1-20 gr.
*Digitalia, pure.....1-60 gr.
Dinner (Cole's).....
{ Pil., Hydrarg., 1 1-5 grs.
Pulv. Aloes, Soc., 1 1-5 grs.
Pulv. Jalapæ, 1 1-5 grs.
Ant. et Pot., Tart., 1-50 gr. }
Dinner (Lady Webster's).....3 grs.
{ Pulv., Aloes, Soc., 1 4-5 grs.
Pulv., Mastiches, 3-5 gr.
Pulv. Rosæ, Gallicæ, 3-5 gr. }
*Emmenagogue.....
{ Ergotin, - - 1 gr.
Ext., Helleb., Nig., 1 gr.
Ferri, Sulph., Exsic., 1 gr.
Aloes, Soc., Pulv., 1 gr.
Ol. Sabinæ, 1-4 gr. }
*Ergotin.....3 grs.
Ferruginous (Blaud).....3 and 5 grs.
{ Ferri, Sulphas.
Potassæ, Carb. aa }
*Grindelia Robusta Extract.....3 grs.
*Guarana Extract (Paullinia).....3 grs.
*Henbane, Extract.....1 gr.
Hepatic.....
{ Pil., Hydrarg., 3 grs.
Ext., Coloc. Comp., 2 grs.
" Bellad., 1-4 gr. }
Hooper's.....2½ grs.

Hypophosphites, Compound.....
{ Calcii, Hypophos., 1 gr.
Sodii, " 3-4 gr.
Potassii, " 1-2 gr.
Ferri, " 1-4 gr. }
*Iodide of Iron (Blancard's formula).....1 gr.
Iodoform.....1 gr.
Iodoform and Iron.....2 grs
Ipecac & Opium (Dover's Powder,U.S.) 2½ grs
Ipecac & Opium (Dover's Powder, U. S.) 5 grs.
Iron by Hydrogen (Quevenne's)... 1 and 2 grs.
Iron, Citrate and Quinine.....1 and 2 grs
Iron, Proto-Carb. (Vallet's Mass.) 2 grs. & 3 grs.
Iron, Proto-Carb. (Vallet's Mass.).....5 grs.
*Iron, Proto-Chloride.....1 gr.
Iron, Quinine and Strychnine.....
{ Ferrum, Redactum, 1 gr.
Quiniæ, Sulphas, 1 gr.
Strychnia, 1-60 gr. }
Laxative (Cole's).....
{ Res., Podophylli, - 1-10 gr.
Hydrarg., Chlor., Mite, 1 gr.
Ext. Col. Comp., pulv., 3 grs. }
Lime, Lacto-Phosphate.....5 grs.
*Mercury, Bin-Iodide.....1-25 and 1-16 gr.
*Mercury, Prot-Iodide.....1-5, and 1-4 gr.
Morphine, Acetate.....1-8 and 1-4 gr.
*Morphine, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphine Valerianate.....1-8 gr.
Neuralgia (Brown-Sequard).....
{ Ext., Hyoscyami, 2-3 gr.
" Conii, 2-3 gr.
" Ignatii Amarae, 1-2 gr.
" Opii, 1-2 gr.
" Aconiti, 1-3 gr.
" Cannab. Indicæ, 1-4 gr.
" Stramonii, 1-5 gr.
" Belladonnæ, 1-6 gr. }
Neuralgia (Dr. Gross').....
{ Quiniæ, Sulphas, 2 grs.
Morphiæ, Sulphas, 1-20 gr.
Strychniæ, 1-30 gr.
Acid Arseniosum, 1-20 gr.
Ext., Aconiti, 1-2 gr. }
Neuralgia, (Dr. Gross',) as above, without Morphine.
Nux Vomica Extract.....1-2 gr.
Opium, U. S.....1 gr.
*Opium Extract.....1-4, 1-2 and 1 gr.
Opium and Acetate of Lead.....2 grs.
{ Opii, Pulv., 1 gr.
Plumbi, Acet., 1 gr. }
Opium and Camphor.....
{ Opium, 1 gr.
Camphora, 2 grs. }
Pepsin.....5 grs.
Pepsin and Bismuth.....5 grs.
{ Pepsin, 2 grs.
Bismuth, Sub-Nit., 3 grs. }
Pepsin, Bismuth and Strychnine.....5 grs.
{ Pepsin, 2 1-2 grs.
Bismuth, Sub-Nit., 2 1-2 grs.
Strychnia, 1-60 gr. }
Phosphates Iron, Quinine and Strychnine.....
{ Ferri, Phosphas., 2 grs.
Quiniæ, Phosphas, 1 gr.
Strychniæ, Phosphas, 1-60 gr. }
Phosphorus.....1-100, 1-50, 1-20 and 1-12 gr.
Phosphorus Compound.....
{ Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound.....
{ Phosphorus, 1-100 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Phosphorus Compound and Iron.....
{ Phosphorus, 1-100 gr.
Ferri, Phosphas, 1-2 gr.
Ext., Nucis Vomicæ, 1-8 gr. }
Podophyllin.....1-4, 1-2 and 1 gr.
Podophyllin Compound.....
{ Podophyllin, 1-2 gr.
Ext., Hyoscyami, 1-8 gr.
Ext., Nucis Vomicæ, 1-16 gr. }
Podophyllin and Blue.....
{ Podophyllin, 1-2 gr.
Pil., Hydrarg., 2 1-2 grs. }
Podophyllin, Capsicum and Belladonna.....
{ Podophyllin, 1-4 gr.
Ext., Bellad. Alc., 1-8 gr.
Pulv., Capsici, 1-2 gr. }
Podophyllin, Ext., Coloc. and Belladonna ....
{ Podophyllin, 1-2 gr.
Ext., Coloc. Comp., 2 grs.
" Belladon., 1-4 gr. }

*Quinine, Carbolate.....1 gr.
*Quinine, Salicylate.....1 gr.
*Quinine, Sulphate & Bi-Sulphate, 1-4 & 1-2 gr.
Quinine, Sulphate and Bi-Sulphate.....1 gr.
Quinine, Sulphate and Bi-Sulphate....1½ grs.
Quinine, Sulphate and Bi-Sulphate.....2 grs.
Quinine, Sulphate and Bi-Sulphate.....3 grs.
Quinine, Sulphate and Bi-Sulphate.....4 grs.
Quinine, Sulphate and Bi-Sulphate.....5 grs.
*Quinine, Sulpho-Carbolate ....1, 2 and 3 grs.
Quinine and Aloes.....1 gr.
{ Quiniæ, Sulphas, 3-4 gr.
Pulv., Aloes, Soc., 1-4 gr. }
Quinine, Arsenic and Nux Vomica.....
{ Quiniæ, Sulphas, 1 gr.
Acid, Arseniosum, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine and Iron.....
{ Quiniæ Sulphas, 1 gr.
Ferrum Redactum, 1 gr. }
Quinine and Carbonate Iron.....
{ Quiniæ, Sulphas, 1 gr.
Ferri, Sub. Carb, 2 grs. }
Quinine, Phosphorus and Nux Vomica.....
{ Quiniæ, Sulphas, 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-40 gr. }
Quinine, Phosphorus and Nux Vomica.....
{ Quiniæ, Sulphas., 1 gr.
Phosphorus, 1-60 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Quinine Compound.....
{ Quiniæ, Sulphas, 1 gr.
Ferrum, Redact., 1 gr.
Acid, Arseniosum, 1-32 gr. }
Quinine Compound and Extract Dandelion....
{ Quiniæ, Bi-Sulph., 1 1-4 grs.
Ferri, Sulph., Exsic., 2 grs.
Acid, Arseniosum, 1-24 gr.
Extract, Taraxici, 1 1-4 grs. }
Quinine Compound and Strychnine.....
{ Quiniæ, Sulphas., 1 gr.
Ferrum, Redactum, 1 gr.
Strychnia, 1-20 gr.
Acid, Arseniosum, 1-20 gr. }
Quinine, Valerianate.....1-2 gr.
Rheumatic.....
{ Ext., Coloc. Comp., 1 1-2 grs.
Ext., Colch. Acet., 1 gr.
Ext., Hyoscyami, 1-3 gr.
Hydr., Chlor., Mite, 1-3 gr. }
Rhubarb, U. S.....
Rhubarb Compound, U. S.....
Santonin.....1 gr.
Santonin and Calomel.....
{ Santonin, 1 gr.
Calomel, 1 gr.
Chocolate. }
*Sodium, Salicylate.....5 grs.
Strychnine.....1-60, 1-40 and 1-30 gr.
*Strychnine Compound.....
{ Strychnia, 1-100 gr.
Phosphorus, 1-100 gr.
Ext. Cannab. Indic., 1-16 gr.
Ginseng, 1 gr.
Ferri, Carb., 1 gr. }
*Sulphur, Iodide.....1-25 and 1-10 gr.
*Sumbul, Extract.....1 gr.
Syphilitic (Ricord's modified).....
{ Hydr. Prot-Iodide, 1-2 gr.
Lactucarium, - 1-2 gr.
Ext., Opii, - - 1-10 gr.
Ext., Cicutæ, - 1½ grs. }
Tonic (Dr. Aiken).....
{ Quiniæ, Sulph., 1 gr.
Acid, Arseniosum, 1-50 gr.
Ferrum, Redactum, 2-3 gr.
Strychnia, 1-50 gr. }
Triplex.....
{ Extract Aloes, 2 grs.
Podophyllin, 1-2 gr.
Pil., Hydrarg., 1-2 gr. }
Triplex (Dr. Francis).....
{ Pulv., Aloes, Soc. Pil., Hydrarg.
Pulv., Scammonii. Ol., Tiglii.
Pulv., Myrrhæ. Ol., Carui. }
Valerian Extract.....3 grs.
*Zinc, Phosphide.....1-6, 1-4 and 1-2 gr.
*Zinc, Phosphide and Ext. Nux Vomica.....
{ Zinci, Phosphuretum, 1-10 gr.
Ext., Nucis Vomicæ, 1-4 gr. }
Zinc, Valerianate.....1 gr.

RECENT ADDITIONS TO LIST.

Aconitia.....1-60 gr.
Blue Pill Compound.....
{ Pil. Hydrarg., 1 gr.
Pulv. Opii., 1-2 gr.
Pulv. Ipecac., 1-4 gr. }
Blue Pill, U. S.....1-2 gr.
Caffeia, Citrate.....1 gr.
Cinchona Bark Alkaloids.....
{ Quinidiæ Sulph., 1-2 gr.
Cinchonidiæ Sulph., 1-2 gr.
Cinchoniæ Sulph., 1-2 gr.
Cinchonidiæ Sulph., 1-2 gr. }
Cinchonidia Sulphate.....5 grs.
Codeia.....1-16 and 1-8 gr.
Hydrastia (White Alkaloid).....1-2 and 1 gr.
Jaborandi Extract.....3 grs.
Ox Gall Comp.....3 grs.
{ Fel Bovin. dep., 2 grs.
Pulv. Zingiber, 1 gr. }
Phosphorus, Iron and Quinine.....
{ Phosphorus, 1-100 gr.
Ferri Carb. (Vallet's), 1 gr.
Quiniæ Sulph., 1 gr. }
Phosphorus, Iron, Quinine and Nux Vomica..
{ Phosphorus, 1-100 gr.
Ferri Carb. (Vallet's) 1 gr.
Quiniæ Sulph., 1 gr.
Ext. Nucis Vomicæ, 1-2 gr. }
Pipeïn Compound.....
{ Piperin, 1-4 gr.
Hydr. Chlor. Mite 1-4 gr. }
Podophyllin.....1-8 gr.
Podophyllin and Leptandrin.....
{ Podophyllin, 1-2 gr.
Leptandrin, 1 gr. }
Poke Root Compound.....
{ Ext. Phytolaccæ, Alc., 2 grs.
Ext. Stillingiæ, " 1 gr.
Ext. Stramonii, " 1-8 gr. }
Potassium, Bromide.....2 and 5 grs.
Quinine Sulpho-Carbol.....5 grs.
Quinine and Strychnine.....
{ Quiniæ Sulph., 1 gr.
Strychnia, 1-60 gr. }
Quinine, Iron and Nux Vomica.....
{ Quiniæ Sulph., 1 gr.
Ferri Carb. (Vallet's), 2 grs.
Ext. Nucis Vom., 1-4 gr. }
Salicin.....2 1-2 and 5 grs.
Salicylic Acid with Morphine.....
{ Acid Salicylicum, 2 1-2 grs.
Morphiæ Sulphas, 1-12 gr. }
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{ Acid. Salicylicum, 5 grs.
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Sandal Wood Extract (McK. & R.).....2 grs.
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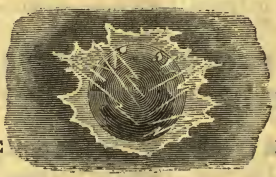

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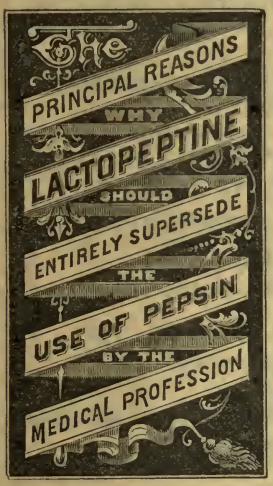

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